

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GRIFFIN HERREN
719 DESERT WIND RD
BOISE ID 83716

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0148

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Griffin Herren*

- Agent
 Addressee

B. Received by (Printed Name)

Griffin Herren

C. Date of Delivery

05/30/13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

JUN 04 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRUCE SMITH
MOORE SMITH
950 W BANNOCK STE 520
BOISE ID 83702

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0223

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gena Crist*

- Agent
 Addressee

B. Received by (Printed Name)

Gena CRIST

C. Date of Delivery

5-30-13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

JUN 04 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL CREAMER
GIVENS PURSLEY LLP
PO BOX 2720
BOISE ID 83701-2720

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Savannah*

- Agent
 Addressee

B. Received by (Printed Name)

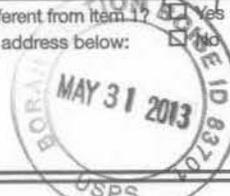
Savannah

C. Date of Delivery

5/31/13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
JUN 04 2013
DEPARTMENT OF WATER RESOURCES



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DANA QUINNEY
SCOTT QUINNEY
160 S PRONGHORN
BOISE ID 83716

I-84

2. Article Number
(Transfer from service label)

7007 3020 0001 4041 0209

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Scott Quinney* C. Date of Delivery *05/30/13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

JUN 04 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

INTERMOUNTAIN SEWER AND
WATER CORP
C/O GREG JOHNSON
1710 S WELLS AVE STE 110
MERIDIAN ID 83680

I-84

2. Article Number
(Transfer from service label)

7007 3020 0001 4041 0124

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *R. Arters* C. Date of Delivery *5-30-13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

RECEIVED

JUN 04 2013

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NORMAN M SEMANKO
PO BOX 1256
BOISE ID 83701-1256

I-84

2. Article Number
(Transfer from service label)

7007 3020 0001 4041 0155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Norman M Semanko* C. Date of Delivery *5-31-13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

JUN 04 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARLA BATEMAN
404 E INDIAN CREEK RD
BOISE ID 83716

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0094

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Darla Bateman* Agent Addressee

B. Received by (Printed Name)

DARLA BATEMAN

C. Date of Delivery

6/1/13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

JUN 04 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ED VAN GROUW
5089 S DEBONAIR LN
MERIDIAN ID 83642

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0063

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ed Van Grouw* Agent Addressee

B. Received by (Printed Name)

Ed Van Grouw

C. Date of Delivery

5-30

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

JUN 04 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TIM CONRADS
75 S PRONGHORN RD
BOISE ID 83716

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tim Conrads* Agent Addressee

B. Received by (Printed Name)

TIM CONRADS

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LORI ATKINS
DARWIN ROY
602 E MIKE'S PL
BOISE ID 83716

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0117

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lori Atkins

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Lori Atkins

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

JUN 04 2013

DEPARTMENT OF

WATER RESOURCES

3. Service Type
-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BROWN FARMS LLC
C/O CLIFFORD BROWN
HOLZER EDWARDS & HARRISON
1516 W HAYS ST
BOISE ID 83702

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0087

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ben Crafton

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Ben Crafton

C. Date of Delivery

*5/30/13*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

JUN 04 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARY FRISCH
155 S PRONGHORN DR
BOISE ID 83716

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0131

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mary Frisch

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Mary Frisch

C. Date of Delivery

*5/30/13*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

JUN 04 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: SPF WATER ENGINEERING 300 E MALLARD DR STE 350 BOISE ID 83706 <i>I-84</i>	B. Received by (Printed Name)	C. Date of Delivery 5-30-13
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED JUN 03 2013 DEPARTMENT OF WATER RESOURCES		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7007 3020 0001 4041 0186		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: WENDY TIPPETTS 999 N SLATER CREEK MAYFIELD ID 83716 <i>I-84</i>	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED JUN 04 2013 DEPARTMENT OF WATER RESOURCES		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7007 3020 0001 4041 0100		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: CRAIG HAYNES G3 LLC 2136 E LEWANDOWSKI LN BOISE ID 83716 <i>I-84</i>	B. Received by (Printed Name) Craig Haynes	C. Date of Delivery 06/01/13
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED JUN 04 2013 DEPARTMENT OF WATER RESOURCES		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7007 3020 0001 4041 0056		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ryan S. Quinn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ryan S. Quinn</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>ROBERT MAYNARD ERICKA MALMAN PERKINS COIE LLP PO BOX 737 BOISE ID 83701-0737</p> <p><i>I-84</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>MAY 31 2013 MAY 30 2013 DEPARTMENT OF WATER RESOURCES USPS 83701</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7007 3020 0001 4041 0032</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Sue Monasterio</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SUE MONASTERIO</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>WAYNE SHEPHERD DIRECTOR OF PUBLIC WORKS CITY OF MOUNTAIN HOME PO BOX 10 MOUNTAIN HOME ID 83647</p> <p><i>I-84</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>MAY 31 2013 DEPARTMENT OF WATER RESOURCES</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7007 3020 0001 4041 0070</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Mike Preston</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mike Preston</i> C. Date of Delivery <i>5/30/13</i></p>
<p>1. Article Addressed to:</p> <p>MICHAEL PRESTON SHEKINAH INDUSTRIES INC 420 BITTERROOT DR BOISE ID 83709</p> <p><i>I-84</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>JUN 03 2013 DEPARTMENT OF WATER RESOURCES</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7007 3020 0001 4041 0247</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN K SIMPSON
 BARKER ROSHOLT & SIMPSON LLP
 PO BOX 2139
 BOISE ID 83701-2139

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0216

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

Agent

Addressee

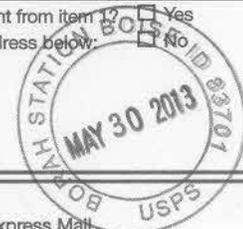
B. Received by (Printed Name)

[Signature]

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
 MAY 31 2013
 DEPARTMENT OF
 WATER RESOURCES



3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ERICK POWELL
 BROCKWAY ENGINEERING
 2016 N WASHINGTON ST STE 4
 TWIN FALLS ID 83301

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

Agent

Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
MAY 31 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES C TUCKER
 IDAHO POWER COMPANY
 PO BOX 70
 BOISE ID 83707

I-84

2. Article Number

(Transfer from service label)

7007 3020 0001 4041 0049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

Agent

Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
MAY 31 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: DEL KOHTZ IDAHO WATER COMPANY 1135 VALLEY RD S EDEN ID 83325 I-84	B. Received by (Printed Name) 	C. Date of Delivery 5-31-13
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
RECEIVED JUN 04 2013 DEPARTMENT OF WATER RESOURCES		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: TONYA D BOLSHAW PO BOX 16022 BOISE ID 83715 I-84	B. Received by (Printed Name) Darren R Bolshaw	C. Date of Delivery 6/4/13
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED JUN 05 2013 DEPARTMENT OF WATER RESOURCES	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to: CLEVELAND CORDER LLC 622 ZOE LN GARDEN CITY ID 83714 I-84	B. Received by (Printed Name) Mark Corder	C. Date of Delivery 5-30-13
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No RECEIVED MAY 31 2013 DEPARTMENT OF WATER RESOURCES	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
RECEIVED MAY 31 2013 DEPARTMENT OF WATER RESOURCES		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Debra Cline</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Debra Cline</i></p> <p>C. Date of Delivery <i>MAY 31 2013</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CITY OF POCATELLO C/O JOSEPHINE BEEMAN BEEMAN & ASSOCIATES 409 W JEFFERSON ST BOISE ID 83702</p> <p><i>I-84</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUN 04 2013</p> <p style="text-align: center;">DEPARTMENT OF WATER RESOURCES</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7007 3020 0001 4041 0025</p>
PS Form 3811, February 2004	Domestic Return Receipt
102595-02-M-1540	