

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

2. Article Number **7012 1640 0001 3856 8628**
 (Transfer from)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Addressee

B. Received by (Printed Name) *Greg Sullivan* C. Date of Delivery *8-7-13*

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

AUG 09 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:

WENDY TIPPETTS
 999 N SLATER CREEK
 MAYFIELD ID 83716

2. Article Number **7012 1640 0001 3856 8765**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *WENDY TIPPETTS* B. Date of Delivery *08/05/13*

C. Signature *[Signature]* Agent
 X Addressee

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

AUG 09 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:

CRAIG HAYNES
 G3 LLC
 2136 E LEWANDOWSKI LN
 BOISE ID 83716

2. Article Number **7012 1640 0001 3856 8819**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Craig Haynes* B. Date of Delivery *08/02/13*

C. Signature *[Signature]* Agent
 X Addressee

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

AUG 06 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:

CLEVELAND CORDER LLC
622 ZOE LN
GARDEN CITY ID 83714

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Addressee
- X
- B. Received by (Printed Name) *Cleveland Corder* C. Date of Delivery *8/5/13*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

RECEIVED
AUG 06 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

2. Article Number (Transfer from sender) 7012 1640 0001 3856 8659

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:

WAYNE SHEPHERD
DIRECTOR OF PUBLIC WORKS
CITY OF MOUNTAIN HOME
PO BOX 10
MOUNTAIN HOME ID 83647

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Jamie McDaniel* B. Date of Delivery *8/1/13*
- C. Signature *[Signature]* Agent Addressee
- X
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

RECEIVED
AUG 02 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

2. Article Number (Copy from sender) 7012 1640 0001 3856 8796

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.

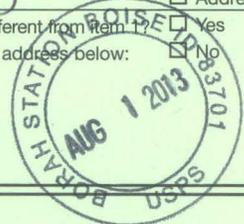
1. Article Addressed to:

NORMAN M SEMANKO
PO BOX 1256
BOISE ID 83701-1256

RECEIVED
AUG 02 2013
DEPARTMENT OF WATER RESOURCES

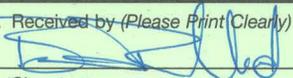
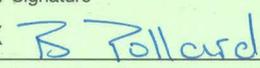
COMPLETE THIS SECTION ON DELIVERY

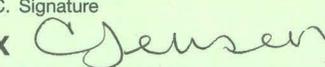
- A. Received by (Please Print Clearly) *Norm Semanko* B. Date of Delivery *[Blank]*
- C. Signature *[Signature]* Agent Addressee
- X
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

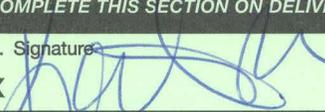


3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from sender) 7012 1640 0001 3856 8697

| 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. Received by (Please Print Clearly) | B. Date of Delivery |
| |  8/1/13 | |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> JAMES C TUCKER IDAHO POWER COMPANY PO BOX 70 BOISE ID 83707 </div> | C. Signature | |
| | X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 2. Article <div style="border: 1px solid black; padding: 2px;"> 7012 1640 0001 3856 8840 </div> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes | |
| | If YES, enter delivery address below: RECEIVED <div style="text-align: center; font-weight: bold; font-size: 1.2em;">AUG 02 2013</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">DEPARTMENT OF WATER RESOURCES</div> | |
| 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 | | |
| PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952 | | |

| 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. Received by (Please Print Clearly) | B. Date of Delivery |
| | Crystal Jensen 8/1 | |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> SPF WATER ENGINEERING 300 E MALLARD DR STE 350 BOISE ID 83706 </div> | C. Signature | |
| | X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 2. Article N <div style="border: 1px solid black; padding: 2px;"> 7012 1640 0001 3856 8666 </div> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes | |
| | If YES, enter delivery address below: RECEIVED <div style="text-align: center; font-weight: bold; font-size: 1.2em;">AUG 02 2013</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">DEPARTMENT OF WATER RESOURCES</div> | |
| 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 | | |
| PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952 | | |

| 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 | |
| | X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> BRUCE SMITH MOORE SMITH 950 W BANNOCK STE 520 BOISE ID 83702 </div> | B. Received by (Printed Name) | C. Date of Delivery |
| | Kathleen Downa 8/1/13 | |
| 2. Article Numb (Transfer from) <div style="border: 1px solid black; padding: 2px;"> 7012 1640 0001 3856 8642 </div> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes | |
| | If YES, enter delivery address below: RECEIVED <div style="text-align: center; font-weight: bold; font-size: 1.2em;">AUG 02 2013</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">DEPARTMENT OF WATER RESOURCES</div> | |
| 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 | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

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

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *H. Carters* B. Date of Delivery *8/1/13*
- C. Signature *H. Carters* Agent
 Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
AUG 02 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

2. Article Number

7012 1640 0001 3856 8727

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Sue Estey* Agent
 Addressee
- B. Received by (Printed Name) *Sue Estey* C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
AUG 05 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

2. Article Number

(Transfer from s) 7012 1640 0001 3856 8635

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

TONYA D BOLSHAW
PO BOX 16022
BOISE ID 83715

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Darren Bolshaw* B. Date of Delivery *8/2/13*
- C. Signature *DBolshaw* Agent
 Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
AUG 05 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

2. Article

7012 1640 0001 3856 8673

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

RECEIVED

AUG 05 2013

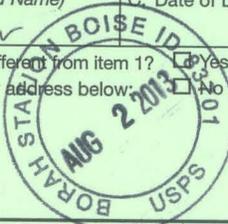
DEPARTMENT OF WATER RESOURCES

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
Catherine Miller

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

2. Article Number (Transfer) 7012 1640 0001 3856 8604

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:

ROBERT MAYNARD
ERICKA MALMAN
PERKINS COIE LLP
PO BOX 737
BOISE ID 83701-0737

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Ryan J. Quinn

C. Signature Agent
[Signature] Addressee

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



AUG 05 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

2. Article Number 7012 1640 0001 3856 8833

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:

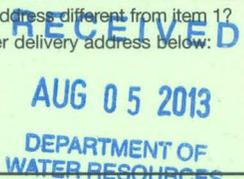
CITY OF POCATELLO
C/O JOSEPHINE BEEMAN
BEEMAN & ASSOCIATES
409 W JEFFERSON ST
BOISE ID 83702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
J'd

C. Signature Agent
KL Addressee

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



AUG 05 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

2. Article Number (Copy from reverse side) 7012 1640 0001 3856 8826

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

2. Article Num

7012 1640 0001 3856 8772

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Lori Atkins

B. Date of Delivery

8/5/13

C. Signature

X *Lori Atkins*

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below: No

AUG 06 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

2. Article Num

7012 1640 0001 3856 8802

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Sen Canton

B. Date of Delivery

8/1/13

C. Signature

X *Sen Canton*

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below: No

AUG 06 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:

GRIFFIN HERREN
 719 DESERT WIND RD
 BOISE ID 83716

2. Article

7012 1640 0001 3856 8741

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Griffin Herren

B. Date of Delivery

8-10-2013

C. Signature

X *Griffin Herren*

Agent

Addressee

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:

DARLA BATEMAN
404 E INDIAN CREEK RD
BOISE ID 83716

2. Article Number

7012 1640 0001 3856 8758

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Darla Bateman* B. Date of Delivery *8/2/13*
- C. Signature *Darla Bateman* Agent Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

AUG 06 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

2. Article Number

7012 1640 0001 3856 8680

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Scott Quinney* B. Date of Delivery *8/2/13*
- C. Signature *Scott Quinney* Agent Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

AUG 06 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

2. Article Number

7012 1640 0001 3856 8734

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Kevin Doser* B. Date of Delivery *8/2/13*
- C. Signature *Kevin Doser* Agent Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

AUG 06 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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tim Conrads* B. Date of Delivery *8/2/13*
C. Signature *[Signature]* Agent
 Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
AUG 06 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

2. Article Number ()