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:

PETER ANDERSON
TROUT UNLIMITED INC
910 W MAIN ST STE 342
BOISE ID 83702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sabrina Berns ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
12/5

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 from service label)* 7009 0820 0000 2804 3788

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:

JOHN SIMPSON
TRAVIS THOMPSON
BARKER ROSHOLT & SIMPSON LLC
PO BOX 2139
BOISE ID 83701-2139

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sue Estes ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Sue Estes | C. Date of Delivery

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

BOARD OF ADJUSTMENT BOISE ID 83702 DEC - 5 2012

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 service label)* 7009 0820 0000 2804 3726

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:

IDAHO RIVERS UNITED
PO BOX 633
BOISE ID 83701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Natalie Bell North | C. Date of Delivery

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

BOARD OF ADJUSTMENT BOISE ID 83702 DEC 5 2012 USPS

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 service label)* 7009 0820 0000 2804 3733

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DG

DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

RECEIVED
DEC 06 2012
DEPARTMENT OF
WATER RESOURCES

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

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DEC 06 2012
DEPARTMENT OF
WATER RESOURCES

05 DEC 2012 PM 2 L

UNITED STATES POSTAL SERVICE

First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

RECEIVED
DEC 06 2012
DEPARTMENT OF
WATER RESOURCES

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* S SPINK | C. Date of Delivery 12-5-12

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 from service label)* 7009 0820 0000 2804 3719

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:

NORM SEMANKO
IDAHO WATER USERS ASSN
1010 W JEFFERSON STE 101
BOISE ID 83702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Edwards ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* K Edwards | C. Date of Delivery 12/5/12

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 from service label)* 7009 0820 0000 2804 3665

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:

KATHLEEN TREVER
W DALLAS BURKHALTER
OFFICE OF ATTORNEY GENERAL
PO BOX 25
BOISE ID 83707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RECEIVED BY ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
NOV 30 2012

CENTRAL POSTAL SERVICES

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 service label)* 7009 0820 0000 2804 3757

UNITED STATES POSTAL SERVICE

BOISE ID 837

05 DEC 2012 PM 1 T

Happy Holidays from the USPS

First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

D G
DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

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DEC 0 6 2012
DEPARTMENT OF
WATER RESOURCES

UNITED STATES POSTAL SERVICE

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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

D G
DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

RECEIVED
DEC 0 6 2012
DEPARTMENT OF
WATER RESOURCES

ITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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DEC 0 6 2012
DEPARTMENT OF
WATER RESOURCES

D G
DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

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:

HARRIET HENSLEY
OFFICE OF ATTORNEY GENERAL
PO BOX 83720
BOISE ID 83720-0010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RECEIVED ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
NOV 21

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

CENTRAL POSTAL SERVICES

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 service label)* 7009 0820 0000 2804 3801

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:

MATT HOWARD
BUREAU OF RECLAMATION
1150 N CURTIS RD STE 100
BOISE ID 83706-1234

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Yvonne Gilmore ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Yvonne Gilmore 12/5/12

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 from service label)* 7009 0820 0000 2804 3702

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:

US DEPT OF INTERIOR
FISH & WILDLIFE SERVICE
OFFICE OF THE REGIONAL
SOLICITOR
805 S W BROADWAY STE 600
PORTLAND OR 97205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Bush ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
J Bush 12/6/12

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 from service label)* 7009 0820 0000 2804 3696

PS Form 3811, February 2004 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

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DEC 06 2012
DEPARTMENT OF
WATER RESOURCES

UNITED STATES POSTAL SERVICE

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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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DEPARTMENT OF
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UNITED STATES POSTAL SERVICE

PORTLAND
OR 970

06 DEC 2012

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DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

RECEIVED
DEC 10 2012
DEPARTMENT OF
WATER RESOURCES

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:

GREATER YELLOWSTONE
COALITION
162 NORTH WOODRUFF
IDAHO FALLS ID 83401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Mary Hoyt
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

2. Article Number
(Transfer from service label) 7009 0820 0000 2804 3740

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:

HENRYS FORK ANGLERS INC
3340 HWY 20
ISLAND PARK ID 83429

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Chris Lawson
C. Date of Delivery 12/6/12

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 from service label) 7009 0820 0000 2804 3689

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:

HENRYS FORK FOUNDATION
PO BOX 550
ASHTON ID 83420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie A. Maurer ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Julie A. Maurer
C. Date of Delivery 12-6-12

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 from service label) 7009 0820 0000 2804 3764

UNITED STATES POSTAL SERVICE

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• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

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DEC 11 2012
DEPARTMENT OF
WATER RESOURCES

UNITED STATES POSTAL SERVICE

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Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES
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P. O. BOX 83720
BOISE, ID 83720-0098

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DEC 11 2012
DEPARTMENT OF
WATER RESOURCES

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

RECEIVED
DEC 11 2012
DEPARTMENT OF
WATER RESOURCES

DER: COMPLETE THIS SECTION

mplete items 1, 2, and 3. Also complete
m 4 if Restricted Delivery is desired.
nt your name and address on the reverse
that we can return the card to you.
ach this card to the back of the mailpiece,
on the front if space permits.

icle Addressed to:

OUTH FORK LODGE
O BOX 22
WAN VALLEY ID 83449

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Dearcorff ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* David Dearcorff
C. Date of Delivery 12/11/12

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

RECEIVED
DEC 13 2012
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

cle Number
nsfer from service label) 7009 0820 0000 2804 3672

rm 3811, February 2004

ED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DG
DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098