

**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

2. Article Number  
(Transfer from service label)

7009 0820 0000 2804 3788

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Sabrina Buss*  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**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

2. Article Number  
(Transfer from service label)

7009 0820 0000 2804 3726

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Sue Ester*  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

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:

IDAHO RIVERS UNITED  
PO BOX 633  
BOISE ID 83701

2. Article Number  
(Transfer from service label)

7009 0820 0000 2804 3733

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Natasha Shelton*  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

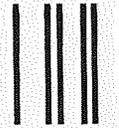
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

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 •

DU  
 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

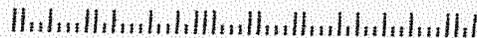


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

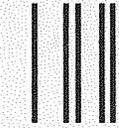
• Sender: Please print your name, address, and ZIP+4 in this box •

DU  
 DEPT. OF WATER RESOURCES  
 322 E. FRONT ST.  
 P. O. BOX 83720  
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 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 •

DU  
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 WATER RESOURCES



**SENDER: COMPLETE THIS SECTION**

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- 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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3719

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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

**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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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

**SENDER: COMPLETE THIS SECTION**

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- 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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3757

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

RECEIVED BY

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.

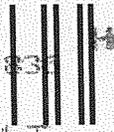
4. Restricted Delivery? (Extra Fee)

Yes

CENTRAL POSTAL SERVICES

UNITED STATES POSTAL SERVICE

BOISE ID 83720



Happy Holidays

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

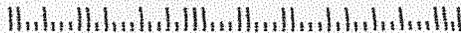
05 DEC 2012 PM 11

from the USPS

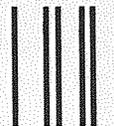
• Sender: Please print your name, address, and ZIP+4 in this box •

D G  
DEPT. OF WATER RESOURCES  
322 E. FRONT ST.  
P. O. BOX 83720  
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WATER RESOURCES



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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 06 2012  
DEPARTMENT OF  
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BOISE ID 83720



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

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

RECEIVED  
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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:

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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3801

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 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

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**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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3702

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 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

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:

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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3696

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



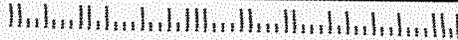
05 DEC 2012 PM 2 L

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Postage & Fees Paid  
USPS  
Permit No. G-10

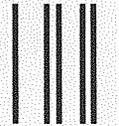
• Sender: Please print your name, address, and ZIP+4 in this box •

D 6

DEPT. OF WATER RESOURCES RECEIVED  
322 E. FRONT ST.  
P. O. BOX 83720 DEC 06 2012  
BOISE, ID 83720-0098 DEPARTMENT OF  
WATER RESOURCES



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 •

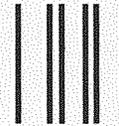
D 6

DEPT. OF WATER RESOURCES RECEIVED  
322 E. FRONT ST.  
P. O. BOX 83720 DEC 06 2012  
BOISE, ID 83720-0098 DEPARTMENT OF  
WATER RESOURCES

UNITED STATES POSTAL SERVICE

PORTLAND  
OR 97201

06 DEC 2012  
PM 1 L



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USPS  
Permit No. G-10

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D 6

DEPT. OF WATER RESOURCES RECEIVED  
322 E. FRONT ST.  
P. O. BOX 83720 DEC 10 2012  
BOISE, ID 83720-0098 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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3740

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)

Marv 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

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

HENRYS FORK ANGLERS INC  
3340 HWY 20  
ISLAND PARK ID 83429

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3689

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)

Chris Larsen

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

**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

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 3764

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

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

UNITED STATES POSTAL SERVICE



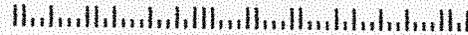
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Postage & Fees Paid  
USPS  
Permit No. G-10

05 DEC 2012 09:12

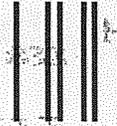
• Sender: Please print your name, address, and ZIP+4 in this box •

DG  
DEPT. OF WATER RESOURCES  
322 E. FRONT ST.  
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DEC 11 2012  
DEPARTMENT OF  
WATER RESOURCES

098



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USPS  
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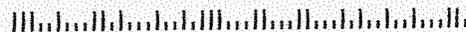
05 DEC 2012 09:12

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

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DEPT. OF WATER RESOURCES  
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DEPARTMENT OF  
WATER RESOURCES

098



**ORDER: 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, on the front if space permits.

Article Addressed to:

POUNCEBORN LODGE  
 PO BOX 22  
 WYOMING VALLEY ID 83449

Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*David Deardorff*

- Agent  
 Addressee

B. Received by (Printed Name)

David Deardorff

C. Date of Delivery

12/13/12

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

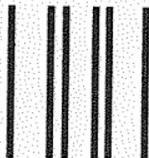
- Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

7009 0820 0000 2804 3672

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 •

06

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

P. O. BOX 83720

BOISE, ID 83720-0098