

**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:

Howard Arlt, Mayor  
 City of Stites  
 P.O. Box 300  
 Stites, Idaho 83552

Return to Regional Hearing Clerk, ORC-158  
 Doc. # CWA-10-2600-0063

2. Article Number (Copy from service label)

7000 0600 0027 0475 0765

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

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

Nancy Lee 8-3-01

C. Signature

X Nancy Lee  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

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0027 0475 0765

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)  
 Howard Arlt, Mayor  
 Street, Apt. No.; or PO Box No.  
 City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions