



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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 X <i>E. Glontine Tolh</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Idaho Power Company 1221 W. Idaho Street (83702) P.O. Box 70 Boise, Idaho 83707</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 1657 6053 3635 33	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<p>2. Article Number (Transfer from service label)</p> 16 0600 0000 5236 3973	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

USPS TRACKING#



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United States Postal Service

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IDAHO PUBLIC UTILITIES COMMISSION

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

Keri Hawker
IPUC - Legal
11331 W. Chinden Blvd., Bldg. 8
Suite 201-A
Boise, Idaho 83714

