



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Jones</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Teri Bejers</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>St. Maries River Railroad  10100 N. Ambassador Dr.  Ste. 105  Kansas City, MO 64153</i></p>  <p>9590 9402 2140 6132 2772 27</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>
<p>2. Article Number (Transfer from service label)</p> <p><i>7016 1370 0000 2326 5373</i></p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery over \$500</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 2140 6132 2772 27

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

United States Postal Service

RECEIVED  
2012 JUL -6 AM 10:15  
IDAHO PUBLIC UTILITIES COMMISSION

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

**IDAHO PUBLIC UTILITIES COMMISSION**  
**P.O. BOX 83720**  
**BOISE, IDAHO 83720-0074**  
*Attn: Commission Secretary*

*Re: SMR-R-22-01 OSH/NOH*