

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Quinn Murray* Agent
 Addressee

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

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

WELLSVILLE MENDON IRR CANAL CO
 C/O QUINN MURRAY
 691 SOUTH 200 WEST
 WELLSVILLE UT 84339

Service Type

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

SEAA 2130

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 0510 0002 2228 7684

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SALT LAKE CITY
 UNITED STATES POSTAL SERVICE
 20 SEP 18
 PM 11



STATE MAIL 09/24/2018

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

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

UTAH DIVISION OF WATER RIGHTS
 ATTN: BEN ANDERSON
 PO BOX 146300
 SALT LAKE CITY UT 84114-6300

RECEIVED
 SEP 24 2018
 WR WATER RIGHTS
 SALT LAKE

