

Department of Ecology
15 W. Yakima Ave, Ste. 200
Yakima WA. 98902-3452



February 14, 2013

RE: Trust Water Donation CS4-SWC945(K)@1

I would like to continue the Trust Water Donation for the 2014 season.

Thank you.

A handwritten signature in cursive script that reads "Duane Kikendall".

Duane Kikendall
PO Box 202
Carlton WA. 98814

Sent 2/19/2014

Department of Ecology
15 W. Yakima Ave, Ste. 200
Yakima WA. 98902-3452



February 14, 2013

RE: Trust Water Donation CS4-SWC945(K)@1

I would like to continue the Trust Water Donation for the 2013 season.

Thank you.

Duane Kikendall
PO Box 202
Carlton WA. 98814

Duane Kikendall

EXPIRES 04-01-2013
EXT REQUEST REC'D 2-19-13
OK to EXTEND

ASK SCOTT WITH WROG
FILE EXTENSION ON FILE

REPORT OF EXAMINATION & POSTING ROUTER

ROE ROE for Change

TW Donation TW Extension

WR Doc ID: _____

PROTESTS? Yes No

File No.: CS4-SWC945(K)@1

Circle appropriate WRIA. County: _____

Author/Date: Scott T. 12-12-12

TRIBE	WRIA
Colville Confederated Tribes	49 50 51 52 53 58 60 61
Yakama Nation	29 30 31 32 33 37 38 39 40
Both Tribes	45 46 47 <u>48</u>

QA/QC Review Group: _____
(Date)

SharePoint > TURNER > Donations > CS4-SWC945(K)@1 (Kiken dell)

Y:\Staff\ _____

Unit Supervisor: MP 12/13/12
(Initial & date - Begin routing.)

Dates drafted/edited (Admin): _____

Certified CCs: (Check application signatures)

CCs to anyone else? Please list cc's & protestants - more room on back

Philip Bigdon, YAKAMA NATION
Lois Revino, Colville Tribes

Reviewer/Date _____
(Reviewer please comment on back of page)

GWIS Mapping Review (review changes BEFORE final)
GWIS initials/date: MP 12/13/12
GWIS remarks & edits (if more room is needed use back of page): _____

Minimum Flow River List? (Y:\Adm\Rivers)

Name of River _____
Add name to the appropriate River Data Source:

~~Permit Writer: _____
(Initial & date - ROE DRAFT ready for 30-day posting to Web.)~~

- Attachments:**
- Your Right to Be Heard
 - PTO appeal? No Your Right to Be Heard
 - BC, CC, PA forms _____
 - Water Measurement Requirements
 - Fish Screening Criteria
 - Focus on Water Right Relinquishment (98-1812-WR)
 - Other: _____

~~Unit Supervisor: _____
(Initial & date - ROE DRAFT ready for 30-day posting to Web.)~~

FINAL ROE mail out & post 60-days to Web [Admin]:

~~Section Manager: _____
(Initial & date: ROE DRAFT is ready for 30-day posting to Web)~~

~~DRAFT ROE post 30-days to Web initial & date (Admin): _____~~

Remarks or Related Files (More space on back of page):

~~Permit Writer _____
(Initial & date - FINAL ROE ready for mail/posting.)~~

~~Unit Sup (Consider Comments): _____
(Initial & date - FINAL ROE ready for mail/posting.)~~

~~Section Manager: _____
(Initial & date: FINAL ROE is ready for mail/posting.)~~

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
Mailed 1/8/13

Sent To
Duane K. Kendall
 Street, Apt. No.;
 or PO Box No. *CS4-SWC945(K)@1*
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7010 0290 0000 7131 0821

*Mailed 12/17/12 correspondence AGAIN (1/8/13). I made a mistake & put ~~##~~ someone elses correspondence in Kikendall's envelope.
 Shelly*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Betty Kikendall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BETTY KIKENDALL</i></p> <p>C. Date of Delivery <i>1/9-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>DUANE KIKENDALL PO BOX 202 CARLTON WA 98814 TW/ss TWD 1/8/13 CS4-SWC945(K)@1</p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 0290 0000 7131 0821</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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OFFICIAL USE

Postage	\$	<i>Kikendall</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7009 2250 0004 4952 2160

Sent To: *ERROT & Elaine Quintal*
 Street, Apt. No.,
 or PO Box No.
 City, State, /
CS4-SWC-945 (K)@1

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>DUANE KIKENDALL PO BOX 202 CARLTON WA 98814 WR/ss TWD CS4-SWC945(K)@1 12/17/12</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BETTY KIKENDALL</i></p> <p>C. Date of Delivery <i>12/19/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 2250 0004 4952 2160</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	