

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:

William L. Combs
Combs Law Office, LLC
318 Seventh Street
POB 785
Evanston, WY 82931-0785

DOCKET NO.: SDWA-08-2008-0070

SEP 24 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

WILLIAM L. COMBS

C. Date of Delivery

9-26-08

D. Is delivery address different from item 1?
if YES, enter delivery address below:

- Yes
- No

Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7008 0500 0000 5595 8857

Domestic Return Receipt

2ACPRI-03-Z-0985

CAFO