

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7007 1490 0001 4785 6988

Postage	\$	02/19/08
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Title: Mr. Harry Washut
Registered Agent and Operator
Grand Teton Park Resort, Inc.
Street: 17750 E. Highway 287
City or PO: Moran, WY 83011
City: **DOCKET NO.:** SDWA-08-2007-0089

PS Form 3800, August 2004 See Reverse for Instructions

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:

Mr. Harry Washut
Registered Agent and Operator
Grand Teton Park Resort, Inc.
17750 E. Highway 287
Moran, WY 83011
DOCKET NO.: SDWA-08-2007-0089

FEB 20 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Harry Washut

B. Received by (Printed Name) Date of Delivery
Harry Washut *02/19/08*

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer to) 7007 1490 0001 4785 6988 *Order*