

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:

DEC 13 2009

Charles Murray, Owner
Winston Bar
P.O. Box ~~400-208~~ 470-208
Winston, MT 59647-0208

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Laura Murray* Agent Addressee

B. Received by / Printed Name

Laura Murray Agent Addressee

C. Date of Delivery

12-18-09

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

3. 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 from service)

7008 3230 0003 0730 5731

PS Form 3811, February 2004

Domestic Return Receipt

102508-02-04-1540

SDWA-08-2010-0008