

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: **AUG 04 2008**

Kelly Bias
 ESS Support Services
 P.O. Box 130
 Wamsutter, WY 82336

Enf W
Docket # SDWA-08-2008-0084

2. Article Number
(Transfer from service label)

7005 0390 0000 4848 3999

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Laura Edmonson* Agent
 Addressee

B. Received by (Printed Name) *Laura Edmonson* C. Date of Delivery *8-6-8*

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