

**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:

**A** AUG 08 2014  
Docket # 3PWA-08-2014-0026  
John Johnson, President  
Hyattville Service & Improvement Dist.  
P.O. Box 105  
Hyattville, WY 82428

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*John Johnson*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
8-13-14

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 label) 7008 3230 0003 0727 9926