

7009 3410 0000 2595 5433

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

Order on ext.

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

3/25/2013

Postmark  
Here

**Diana Alexander, Registered Agent**

Total P **Mountain View Parks, Inc.**

Sent To  
P. O. Box 1226  
Big Piney, WY 83113

Street, A,  
or PO Bo  
City, State

**DOCKET NO.: SDWA-08-2012-0026**

PS Form 3800, August 2006

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:

**Diana Alexander, Registered Agent**  
**Mountain View Parks, Inc.**  
P. O. Box 1226  
Big Piney, WY 83113

**DOCKET NO.: SDWA-08-2012-0026**

E MAR 26 2013

2. A  
M 7009 3410 0000 2595 5433

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Kob Stone*  Agent  
 Addressee

B. Received by (Printed Name)  
*Kob Stone* C. Date of Delivery  
*3/28/13*

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

order on extension