

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7008 3230 0003 0726 3451

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

Postmark
Here

Total Michael S. Messenger
 Messenger & Overfield, P.C.

Sent P. O. Box 111
 Thermopolis, WY 82443
 Street or PO
 City, State, ZIP+4®
 DOCKET NO.: CWA-08-2013-0036

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:
 DEC 11 2013 E X
 Michael S. Messenger
 Messenger & Overfield, P.C.
 P. O. Box 111
 Thermopolis, WY 82443
 DOCKET NO.: CWA-08-2013-0036

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] 12/13/13

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

2. 7008 3230 0003 0726 3451

CA/FO