

**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:

⑥ #SDWA-08-2014-0042

SEP 19 2014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Delia Dawson*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/22

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

Tom Dawson, President  
Beaverhead Jackson Water and/or Sewer District  
P.O. Box 792  
Jackson, MT 59736

Express Mail

Return Receipt for Merchandise

C.O.D.

Extra Fee)

Yes

(Transfer from service label)

7009 3410 0000 2601 3569

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540