

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: (E) SEP 19 2014

#SDWA-08-2014-0042

Ms. Margaret Thompson, Reg. Agent
Beaverhead Co. Jackson Water and or
Sewer District
2 South Pacific St., Ste. #3
Dillon, MT 59725

2. Article Number
(Transfer from service label)

7009 3410 0000 2596 5906

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature D. Slott Agent
 Addressee

B. Received by (Printed Name) D. Slott C. Date of Delivery 9/22/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2 S. Pacific #12

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes