

7008 3230 0003 0727 6970

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 *CAIRO*

Postage	\$	<i>9/11/15</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Postmark Here

Restricted (Endorsement)

Total Pos

Sent To

Street, Apt. or PO Box

City, State, ...

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

DOCKET NO.: SDWA-08-2014-0048

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:

Tom Dawson, President *2*
Beaverhead County Jackson Water and/or Sewer District
 P. O. Box 792
 Jackson, MT 59736

DOCKET NO.: SDWA-08-2014-0048

SEP 02 2015

2. Article Number (A) *7008 3230 0003 0727 6970*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Tom Dawson* C. Date of Delivery *09/08/15*

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

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 *CAIRO*