SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to: SDWA 08-2007-20053</li> </ul>	A. Signature  X  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
Joseph Duvall Craig Bar 50 Main, Craig	
Wolf Creek, MT 59648	3. Service Type
OCT 0 4 2007	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
8ENF-W B	4. Restricted Delivery? (Extra Fee) ☐ Yes
7005 0390 0000 4846 6879	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	