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<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> </ul>	A. Signature  X. Agent  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
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Bob Stoddard, Chairman Bridger Valley Joint Powers Board P. O. Box 615	
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11-10-101	4. Restricted Delivery? (Fytra Fee)