

**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: **AUG 07 2008**

Meadow Springs Service and  
 Improvement District  
 c/o John Melgaard, Owner  
 P.O. Box 2408  
 Gillette, WY 82717

**ENF U**  
 Docket # **SDWA-08-2008-0086** **N**

2. Article Number  
(Transfer from service label)

**7005 0390 0000 4848 4576**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Krista Green*  Addressee

B. Received by (Printed Name)  Agent  
*Krista Green*  Addressee

C. Date of Delivery  
**8-7-08**

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

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

4. Restricted Delivery? (Extra Fee)  Yes