

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: *Doc # SDW # 10007-0016*
Lisa Poleda,
Treasurer & PWS Operator
6K, Inc.
703 S. 7th St.
Laramie, WY 82070

8ENF-W *M*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 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. No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
7005 1820 0005 4856 4870

AUG 8 2007