 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 mailplece, or on the front if space permits. 	A. Signature X. Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: NOV 1 0 2009 Laverne Jackson Beaverhead Jackson Water and Sew4er District PO Box 25	3. Sepvice Type Certified Mail Express Mail
Jackson, MT 59736	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	102595-02-M-154
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PS Form 3811, February 2004 Domestic Re UNITED STATES POSTAL SERVICE	First-Class Mail Postage & Fees USPS Permit No. G-10 RECEIVED name, address, and ZIP+4 in this box * NOV 1 7 2005 Office of Enforcement