

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> Penny Lewis <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Penny Lewis</p> <p>C. Date of Delivery  5/22/08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: ENF-W C</p> <p>Honorable Mayor Dellinger  Town of Mountain View  405 Hwy 414 N  P.O. Box 249  Mountain View, WY 82939</p> <p>MAY 22 2008</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>Docket # SDAWA-08-2008-0057</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7007 1490 0001 4773 8529</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102295-02-04-1040	

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<p>ENF-W B</p> <p>Mark Walker, Operator  Town of Mountain View Water System  405 Hwy 414 N  P.O. Box 249  Mountain View, WY 82939</p> <p>MAY 22 2008</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
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PS Form 3811, February 2004	Domestic Return Receipt 102295-02-04-1040	