SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X
#5DWA-08-2014-0027	*
Phil Jordan, Owner Keyhole Resort/Marina Public Water	
System	Service Type Certifled Mail Express Mail
P.O. Box 608 Gillette, WY 82717	☐ Registered ☐ Return Receipt for Merchandise
6	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 (Transfer from service label)	3230 0003 0727 9964
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540

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