

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,

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

DSM

10-1-14

Ms. Margaret Q. Thompson, Registered Agent
Beaverhead County Jackson Water &/or Sewer District
2 South Pacific Street, Suite 3
Dillon, MT 59725

... from item 1? Yes
... below: No

~~SEP 20 2014~~

SEP 29 2014 *EN*

SDWA-08-2014-0048

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
(Transfer from sender) 7009 3410 0000 2596 5265