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
SDWA-08-2015 -0034 Kenneth Bousfield, Director	B State Manue Distribution Svcs
Divison of Drinking Water Utah Department of Environmental Quality P.O. Box 144830 Salt Lake City, UT 84114-4830	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 1350 0001 5707 4897	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	