

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>X Lathy Blakeman</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>LATHY BLAKEMAN</i> Date of Delivery <i>8-21-08</i></p>
<p>1. Article Addressed to: <i>AUG 14 2008</i></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>Frank Stevens Stevens, Edwards, Hallock & Carpenter, P. C. P. O. Box 1148; 511 South Kendrick Avenue Gillette, WY 82717-1148</p> <p>DOCKET NO.: SDWA-08-2008-0034</p> <p><i>RC</i> <i>D</i></p>	<p>Service Type</p> <p><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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article # (Barcode) <i>7007 3020 0003 3320 6732</i></p>	<p><i>CA/FO</i></p>