

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, or on the front if space permits.

1. Article Addressed to:

JUN 17 2009

Re: and Jodi Newkirk, Owners
 Arlington Outpost
 Arlington Route
 Highway 64 P. O. Box 95
 McCracken, WY 82083

2. Article Number

(Transfer from service label)

7004 1350 0001 5668 8705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jodi Newkirk

Agent

Addressee

B. Received by (Printed Name)

Jodi Newkirk

C. Date of Delivery

6-22-09

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

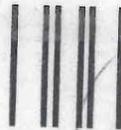
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



COCK RIVER

JUN 22 2009

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

US EPA REGION 8
 1595 Wynkoop Street
 Denver, CO 80202-1129

SCGT
SDWA 08 2009 0049
ENF-UFO Susan

Patricia Welch

(See one)

