

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:

Donovan White, Chairman
Sisseton-Wahpeton Oyate
P.O. Box 509
Agency Village, SD 57262

AUG 12 2019

#SDWA-08-2019-0038

7009 3410 0000 2596 1632

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arlene Miller* Agent Addressee

B. Received by (Printed Name)

Arlene Miller

C. Date of Delivery

8/16/19

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