

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:

#SDWA-08-2017-0022

JUL 03 2017

Mr. Erin Martin, Director
 Shoshone Utility Organization
 P.O. Box 338
 Fort Washakie, WY 82514

E

2. Article Number

(Transfer from service label)

7012 2210 0000 5369 2668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paulita Day

Agent

Addressee

B. Received by (Printed Name)

Paulita Day

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

JUL 04 2017

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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:

#SDWA-08-2017-0022

JUL 03 2017

The Honorable Clint Wagon, Chairman
 Eastern Shoshone Tribe
 P.O. Box 538
 Fort Washakie, WY 82514

A

2. Article Number

(Transfer from service label)

7012 2210 0000 5369 2651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Shiloh Stevens

Agent

Addressee

B. Received by (Printed Name)

Shiloh Stevens

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

JUL 06 2017

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes