

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage		
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage & Fees		

Postman  
Name

**Send To:** Berthenia S. Crocker  
**Attorney for Respondent**  
**Baldwin & Crocker, P.C.**  
**P.O. Box 1229**  
**Lander, WY 82520**  
**Docket No: SDWA-08-2008-0093**

PS Form 3811, February 2004

7008 1140 0004 5101 7331

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Berthenia S. Crocker            Attorney for Respondent            Baldwin &amp; Crocker, P.C.            P.O. Box 1229            Lander, WY 82520            Docket No: SDWA-08-2008-0093</p> <p style="text-align: right; margin-right: 50px;">APR 14 2009</p> <p style="text-align: center; font-size: 2em; margin-top: 20px;">D</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Joanna Dorothy <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="margin-left: 20px;">Joanna Dorothy <span style="float: right;">4-16-09</span></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>3. Service Type</p> <p><input 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 Number (Transfer from service label) <span style="float: right;">7008 1140 0004 5101 7331</span></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right; font-size: 0.8em;">10200-02-08-1040</span></p>	