

7009 3410 0000 2595 5631

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

For delivery information visit our website at www.usps.com

OFFICIAL USE
Order Processing Exch

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

1/23/2013

Postmark
Here

Total F **Richard Smith, Owner**
Lodore Supper Club and Saloon

Sent To	P. O. Box 6044
Street, A or PO Box	Sheridan, WY 82801
City, State	DOCKET NO.: SDWA-08-2012-0056

PS Form 3800, August 2006

See Reverse for Instructions

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:

Richard Smith, Owner
Lodore Supper Club and Saloon
 P. O. Box 6044
 Sheridan, WY 82801
 DOCKET NO.: SDWA-08-2012-0056

A JAN 24 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Richard Smith* Agent
 Addressee

B. Received by (Printed Name) *Richard Smith*
 C. Date of Delivery *1-29-13*

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

2. Article (Tra) 7009 3410 0000 2595 5631

Order Processing Exch

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540