

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: **ENT-L JUN 25 2000 A**

Hon. Dennis Hacklin
 Mayor, Town of LaBarge
 P.O. Box 327
 LaBarge, WY 82123

Docket # SDWA-08-2008-0070

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 ***Kendis K. Kjar** Agent Addressee

B. Replied by (Printed Name) **Kendis K. Kjar** C. Date of Delivery **6-27-08**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

**P.O. Box 327
 LaBarge, WY 82123**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 1350 0001 5669 7967