

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:

JUL 22 2008

Wanda DeJaegher, Operator
 Town of Melstone
 P.O. Box 237
 Melstone, MT 59054

M

Document # *5003A-08-3008-0080*

2. Article Number

(Transfer from service label)

7007 2560 0002 6445 1085

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Wanda DeJaegher

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/25/08

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

K. Pardee Walsh
Received 7/25/08