

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 3/19/2013

7009 3410 0000 2595 5419

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

Postmark Here

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

Sent to P. O. Box 6044
 Sheridan, WY 82801
 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

MAR 20 2013

2. Article Number
 (Transfer fee)

7009 3410 0000 2595 5419

order

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Richard Smith**

C. Date of Delivery **3-22-13**

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