

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:

Dominic Littleshield, Registered Agent
Saint Stephens Indian Mission, Inc.
P.O. Box 250
Saint Stephens, WY 82524

F MAY -9 2013 x

2. Article Number
(Transfer from service label)

7008 3230 0003 0725 9058

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Melissa Brown* Addressee

B. Received by (Printed Name) C. Date of Delivery
Melissa Brown *5/13/13*

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

SDWA-08-2013-0027

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540