

7009 3410 0000 2595 5716

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

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

OFFICIAL USE

Postage \$		5/9/2013	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

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

Sent To P. O. Box 6044
Street, or PO Box Sheridan, WY 82802
City, State, ZIP+4[®] 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:

Rick Smith, Owner
Lodore Supper Club and Saloon
P. O. Box 6044
Sheridan, WY 82802
DOCKET NO. SDWA-08-2012-0056

JB

MAY 10 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rick Smith* Agent Addressee

B. Received by (Printed Name) *Rick Smith* C. Date of Delivery *5-15-13*

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

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 Number (Transfer) 7009 3410 0000 2595 5716

order