

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 USE 3
Order 7/11/13

7009 3410 0000 2596 2691

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

Postmark
Here

Total Pk **Rick Smith, Owner
Lodore Supper Club**

Sent To **P. O. Box 6044
Sheridan, WY 82802**

Street, A or PO Box **DOCKET NO.: SDWA-08-2012-0056**
 City, Sta

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
 P. O. Box 6044
 Sheridan, WY 82802
 DOCKET NO.: SDWA-08-2012-0056**

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
Rick Smith
- B. Received by (Printed Name) Date of Delivery
Rick Smith
- 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

2. Article I
(Transfere

7009 3410 0000 2596 2691

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

order