

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

7009 3410 0000 2596 2714

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

CA/FO
 7/15/13

Postmark
 Here

Total Price: **Rick Smith, Owner**
Lodore Supper Club

Sent To: P. O. Box 6044
 Street, Apt. or PO Box: Sheridan, WY 82802
 City, State: **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
 P. O. Box 6044
 Sheridan, WY 82802
DOCKET NO.: SDWA-08-2012-0056

JB **JUL 16 2013**

2. Article Number
 (Transfer 1)

7009 3410 0000 2596 2714

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: *Rick Smith* Agent Addressee
- X *Rick Smith* Agent Addressee
- B. Received by (Printed Name): *Rick Smith*
- C. Date of Delivery: *JUL 16 2013*
- 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

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540