

**SENDER: COMPLETE THIS SECTION** | **COMPLETE THIS SECTION ON DELIVERY**

- 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,

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name) C. Date of Delivery  
Blair Fallis Dawn 9/26/14

**Mr. Daryl LaCounte, Acting Regional Director**  
**Bureau of Indian Affairs, Rocky Mountain Region**  
**2021 4<sup>th</sup> Avenue North**  
**Billings, MT 59101**

ent from item 1?  Yes  
Address below:  No

Q SEP 24 2014  
docket # SDWA-08-2014-0047

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 Numbr (Transfer from) 7008 3230 0003 0726 0429