

**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,

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Carol Bellock*  Agent  
 Addressee

B. Received by (Printed Name) *Carol Bellock* C. Date of Delivery *9-26-14*

Content from item 1?  Yes  
 No  
 Address below:  No



**Ms. Vianna Stewart, Superintendent**  
**Bureau of Indian Affairs Crow Agency**  
**P.O. Box 69**  
**Crow Agency, MT 59022**

*SDWA-08-2014-0047*

*SEP 24 2014*

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 *7008 3230 0003 0726 0436*