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, or on the front if space permits. 	A. Signature X
1. Article Addressed to: #5DWA-08-2014-0001	D. Is delivery address different from item 1? ' Yes' If YES, enter delivery address below: No
Mr. David Woodward	233
Chairman and Operator Warm Springs Water District P.O. Box 1 1290 Dubois, WY 82513	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2 db0.0, 111 020 .0	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7009	3410 0000 2600 2877
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540