

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: *DOB # 5 DWA 08 2007 0068*

Robert day, VP
Sleepy Hollow Homeowners Assoc., Inc.
6304 Irving Blvd
Gillette, WY 82718

AUG 24 2007

8ENF-W A

7005 1820 0005 4856 3569

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jacquelyn W. Spickard

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/28/07

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

AUG 23 2007