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Label/Receipt Number: 7005-0390 0000 4846 6763
 Status: Delivered

Your item was delivered at 2:56 PM on March 9, 2009 in DOUGLAS, WY 82633.

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U.S. Mail by product



U.S. Mail by service

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">MAR - 4 2009</p> <p>Vickie Goodwin, Board Secretary Fairway Estates Homeowners Association 32 Fairway Drive Douglas, WY 82633</p> <p><i>ENF-W</i></p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005-0390 0000 4846 6763</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2008</p>		<p>Domestic Return Receipt 102505-02-00-1040</p>	

SDWA-08-2008-0244



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Label/Receipt Number: 7005 0390 0000 4846 6749
 Status: Delivered

Your item was delivered at 1:14 PM on March 6, 2009 in DOUGLAS, WY 82633.

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No FEER. All EED Data.

FOIA



The United States Postal Service



Secure Online Services

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressed</p> <p>X <i>Peter Leath</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">MAR - 4 2009</p> <p>Peter Leath Fairway Estates Homeowners Association P. O. Box 37 Douglas, WY 82633</p> <p><i>[Signature]</i> I</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 0390 0000 4846 6749</p>

PS Form 3811, February 2004

Domestic Return Receipt

10250-02-00-1040

SDWA 08-2008-0014