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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Doc# Stud 08-2007-0032 AND DOC# SOUR 08-2007-0065	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Sherry Daigle, Treasurer South Park Village Subdivision Aka: South Park Village Home Owners Assoc.	SEP SEP
P.O. Box 1727	3. Service Type
Jackson, WY 83001	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
8ENF-VA SEP 2 1 2007	4. Restricted Delivery? (Extra Fee) ☐ Yes
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