

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE
notice + order

7009 3410 0000 2595 5297

Postage \$	11/13/12
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Richard Smith, Owner
 Total F **Lodore Supper Club and Saloon**

Sent To P. O. Box 6044
 Sheridan, WY 82801
 Street, A or PO B:
 City, Sta **DOCKET NO.: SDWA-08-2012-0056**

PS Form 3800, August 2006 See Reverse for Instructions

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:

Richard Smith, Owner
Lodore Supper Club and Saloon
 P. O. Box 6044
 Sheridan, WY 82801

DOCKET NO. SDWA-08-2012-0056

A NOV 14 2012

2. Article Number
 (Transfer from)

7009 3410 0000 2595 5297

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Richard Smith
 B. Received by (Printed Name) *Richard Smith*
 C. Date of Delivery 11/13/12

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

notice + order

102595-02-M-1540