SENDER: COMPLETE THIS SECTION	v .	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the is so that we can return the card to you.</li> <li>Attach this card to the back of the moor on the front if space permits.</li> </ul>	d. reverse	A. Signature  X Agent Address  B. Received by (Printed Name)  C. Date of Deliv
Article Addressed to:		D. Is delivery address different from item 1?  Ves If YES, enter delivery address below:  No
Vicki Goodwin, Board Secre Fairway Estates Homeowne 32 Fairway Drive	rs Assn	3. Service Type
Douglas, WY 82633 JAN 2	0 2008	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ C.O.D.
0 441-1		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	7005	0390 0000 4846 6527
	Domestic Ret	
PS Form 3811, February 2004	Domestic Ret	
PS Form 3811, February 2004		turn Receipt 102595-02-M-1
PS Form 3811, February 2004 TED STATES POSTAL SERVICE	ame, addre	turn Receipt 102595-02-M-1