

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: **AUG 07 2008**

Meadow Springs Service and
 Improvement District
 c/o John Melgaard, Owner
 P.O. Box 2408
 Gillette, WY 82717

ENF W
 Docket # **SDWA-08-2008-0086** **XI**

2. Article Number
(Transfer from service label)

7005 0390 0000 4848 4576

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Krista Green Addressee

B. Received by (Printed Name) Agent
Krista Green Addressee

C. Date of Delivery
8-7-08

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