

**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

7009 3410 0000 2596 2110

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

1/11/2012

Postmark
Here

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+

**Rick Nelson, Owner
Fort Devils Tower
601 Highway 24
Devils Tower, WY 82714**

DOCKET NO.: SDWA-08-2011-0021

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:

**Rick Nelson, Owner
Fort Devils Tower
601 Highway 24
Devils Tower, WY 82714**

DOCKET NO.: SDWA-08-2011-0021

JAN 11 2012

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) **R. A. Nelson**
 C. Date of Delivery **1-13-12**
 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

2. Article (Transit) 7009 3410 0000 2596 2110

order for status

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540