

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:

Lisa Poledna
703 South 7th Street
Laramie, WY 82070

ENF-L

Docket # SDWA-08-2009-0021

B

2. Article Number

(Transfer from service label)

7004 1350 0001 5669 8490

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lisa Poledna*

Agent

Addressee

B. Received by (Printed Name)

Lisa Poledna

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below.

Yes

No

DEC 17 2008

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540