

SDSA-08-2009-0017

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.

Luccock Methodist Church Camp
Public Water System
 P.O. Box 1262
 Livingston, MT 59047

COMPLETE THIS SECTION ON DELIVERY

Received by (Please Print Clearly)

B. Date of Delivery

Gravelly Madison
C. Signature

Delivery address different from item 4? Yes No
ES, enter delivery address below Yes No

Voice Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No



700J 251D 0000 983D 0529

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952