

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: Doc # SDWA 08-2007-0068

Robert Day, Vice President
 Sleepy Hollow Homeowners Assoc., Inc.
 aka: Sleepy Hollow Subdivision
 6304 Irving Blvd
 Gillette, WY 82718

AUG 21 2007

8ENF-W B

7005 1820 0005 4856 3491

AUG 20 2007

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/23/07

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

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1. Article Addressed to: Doc # SDWA 08-2007-0068

Bret Woltz, Operator
 Falcon Consulting Services
 P.O. Box 3943
 Gillette, WY 82717

AUG 21 2007

8ENF-W A

7005 1820 0005 4856 3507

AUG 20 2007

PS Form 3811, February 2004

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102595-02-M-1540

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