

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

7008 3230 0003 0729 5216

Postage \$		02/26/10 Postmark here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total \$		
Send To:	Mr. Harry Washut	
Street, Apt. or P.O. Box	Grand Teton Resort, Inc.	
City, State	P. O. Box 92	
Zip Code	Moran, WY 83013	
DOCKET NO.: SDWA-08-2009-0087		

PS Form 3811, August 2004

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 this card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **B FEB 26 2010**

Mr. Harry Washut
 Grand Teton Resort, Inc.
 P. O. Box 92
 Moran, WY 83013
DOCKET NO.: SDWA-08-2009-0087

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Harry Washut* Agent Addressee

B. Received by (Printed Name): **Harry Washut**

C. Date of Delivery: **3-3-10**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

2. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (PS) **7008 3230 0003 0729 5216**

notice + Order

PS Form 3811, February 2004

Domestic Return Receipt

10258-02-01-1040