

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:

SEP 30 2016

#SDWA-08-2016-0031 P

Weldon Treat, Registered Agent
The Rocky Mountain Conference of
Seventh-Day Adventists
P.O. Box 51915
Casper, WY 82601

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Weldon Treat*

- Agent
 Addressee

B. Received by (Printed Name)

Weldon Treat

C. Date of Delivery

10-3-16

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 Number

(Transfer from service label)

7012 2210 0000 5367 7559