

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

APR 30 2019
Mr. Clifford Serawop, Superintendent
Bureau of Indian Affairs
P.O. Box 69
Crow Agency, MT 59022
A
SDWA-68-2019-0012



9590 9402 3226 7196 2998 62

7012 2210 0000 5371 2151

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Momon*

- Agent
- Addressee

B. Received by (Printed Name)

Melith Moritzson

C. Date of Delivery

5/3/19

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Delivery Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery