

7005 1820 0005 4855 7773

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 *Summary of Proceedings*

Postage	\$	
Certified Fee		
Return Receipt Fee <i>(Statement Required)</i>		
Restricted Delivery Fee <i>(Extra)</i>		

Postmark
12/13/07

Total Scott Garland, Attorney
Moore, Myers & Garland
P.O. Box 8498
Jackson, WY 83001

Article DOCKET NO.: SDWA-08-2007-0079

PS Form 3811, June 2002 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 the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RC **DEC 14 2007** *E*
Scott Garland, Attorney
Moore, Myers & Garland
P.O. Box 8498
Jackson, WY 83001

DOCKET NO.: SDWA-08-2007-0079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Shirley Anderson* Agent Addressee

B. Received by (Printed Name): *S. Anderson* C. Date of Delivery: *12/13/07*

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

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 (Date) **7005 1820 0005 4855 7773** *Summary*