

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

7007 1490 0001 4785 6971

Postage	\$	Postmark here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Fees		
Sent To	Mr. Dennis Hacklin	
	Mayor, Town of LaBarge	
	P. O. Box 327	
	LaBarge, WY 82123	
Street, Apt. or P.O. Box No.	DOCKET NO.: SDWA-08-2008-0013	
City, State, & ZIP		

PS Form 3800, August 2006 See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>Dennis K. Kear</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dennis K. Kear</i></p> <p>C. Date of Delivery <i>2-22-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>RC A</i></p> <p>Mr. Dennis Hacklin Mayor, Town of LaBarge P. O. Box 327 LaBarge, WY 82123</p> <p>DOCKET NO.: SDWA-08-2008-0013</p> <p style="text-align: center; font-size: 1.2em;">FEB 20 2008</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article No. (Transfer) 7007 1490 0001 4785 6971</p>	<p><i>DR3</i></p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1510