

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:

JUL 09 2008
 Deanne Jonas, Operator
 City of Forsyth
 P.O. Box 226
 Forsyth, MT 59327

Docket # SOWA-08-2008-0072
 Encl - W

2. Article Number
 (Transfer from service label)

7007 2560 0002 6445 1979

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-00-1040

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Pat G. Corbin Addressee

B. Received by (Printed Name) Date of Delivery
Pat A. Corbin

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

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1. Article Addressed to:

JUL 09 2008
 Mayor Matteson
 City of Forsyth
 P.O. Box 226
 Forsyth, MT 59327

Docket # SOWA-08-2008-0072
 Encl - W

2. Article Number
 (Transfer from service label)

7007 2560 0002 6445 1962

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-00-1040

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 Pat G. Corbin Addressee

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Pat A. Corbin

D. Is delivery address different from item 1? Yes
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3. Service Type
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 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes