

**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:

**#SDWA-08-2014-0042**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Laverne Jackson*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

**9/23**

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

Laverne Jackson  
Beaverhead Jackson Water and/or Sewer District  
P.O. Box 25  
Jackson, MT 59736

- Express Mail
- Return Receipt for Merchandise
- C.O.D.
- (Extra Fee)  Yes

(Transfer from service label)

7009 3410 0000 2596 5913