

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

7008 3230 0003 0728 0144

Postage	\$	1211014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Cindy Buckendorf, Registered Agent
 Tot **Eden Saloon, Inc.**
 3633 U. S. Highway 191 North
 Eden, WY 82932

Sent _____
 Street _____
 or PO **DOCKET NO.: SDWA-08-2015-0005** _____
 City, _____

PS Form 3800, August 2006

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: **B**

Cindy Buckendorf, Registered Agent
Eden Saloon, Inc.
 3633 U. S. Highway 191 North
 Eden, WY 82932

DOCKET NO.: SDWA-08-2015-0005

2. Article Numl
(Transfer fro)

7008 3230 0003 0728 0144

CAIFU

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) _____
- C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

DEC 11 2014

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes