

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 01 2014

Kenny Hill, President
Lambert Sewer and Water District
P. O. Box 104
Lambert, MT 59243

DOCKET NO.: SDWA-08-2014-0018

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COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X *Barbara Hill*
- B. Received by (Printed Name) *Barbara Hill*
- C. Date of Delivery *7/3/14*
- 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

2. Article Number
(Transfer)

7008 3230 0003 0727 8943

(CAF/ED)