

**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:

#CWA-08-2015-0014 *ct*

The Honorable Ben Johnson, Mayor  
Town of Brockton  
P.O. Box 216  
Brockton, MT 59213

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Shannon Lloyd*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

*6-10-15*

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

*P.O. Box 228*

*JUN 05 2015*

*BRACKTON, MT 59213*

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 from service label)

7009 3410 0000 2600 7483