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 - 2015 - 0044	A. Signature X
The Honorable Mark L. Azure, President Fort Belknap Indian Community Council R.R. 1, Box 66 Harlem, MT 59526	SFP 1 2015 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number	
7005 (Transfer from service label)	3410 0000 2600 7780
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON BELLVERY
 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. 	A. Signature X Addressee B. Received by Printed Name C Date of Delivery
1. Article Addressed to: #SDWA-08-2015-0044	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Ms. Margaret Nicholson, Director	
Prairie Mountain Utility	3. Service Type
R.R. 1, Box 91	☐ Certified Mail ☐ Express Mail
Fort Belknap Agency, MT 59526	Registered Return Receipt for Merchandise
,	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label) 7009 3410 0000 2600 7797	
Form 3811, February 2004 Domestic Beturn Receipt 102595-02-M-1540	