

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 **MAY 19 2017**

1. Article Addressed to:

#SDWA-08-2017-0017

Doris B Anderson, Registered Agent
United Methodist Circle J Ranch
3338 Hwy 6
Ten Sleep, WY 82442

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Doris Anderson*

Agent

Addressee

B. Received by (Printed Name)

Doris Anderson

C. Date of Delivery

5/22/17

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 from service label)

7012 2210 0000 5368 1914