

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7007 1490 0001 4785 6735

Postage	\$	8/23/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	Wayne McBroom Chair Big Valley & Crossed Arrow Improvement Dist. P. O. Box 33 Meeteetse, WY 82433	
Sent	DOCKET NO.: SDWA-08-2007-0093	
Street or P.O.		
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: **APR 23 2008**

Wayne McBroom Chair
 Big Valley & Crossed Arrow Improvement Dist.
 P. O. Box 33
 Meeteetse, WY 82433

DOCKET NO.: SDWA-08-2007-0093

RC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Pamela McBroom Addressee

B. Received by (Printed Name) C. Date of Delivery
 Pamela McBroom

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. A
 7007 1490 0001 4785 6735

CA/FO