

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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,

Mr. Michael Quiver, Director  
 Northern Arapaho Water and  
 Sewer Department  
 98 Gas Hills Road  
 Riverton, WY 82501

#SDWA-08-2018-0031



9590 9402 3365 7227 3711 07

2 Article Number (Transfer from service label)

7012 2210 0000 5368 0788

AUG 01 2018

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Michael Quiver*  Agent  Addressee

B. Received by (Printed Name) *Mike Quiver* C. Date of Delivery

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

3. Service Type
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature              | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
- (over \$500)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.

The Honorable Roy Brown, Chairman  
 Arapaho Tribe of the  
 Wind River Reservation  
 P.O. Box 396  
 Ft. Washakie, WY 82514-0217

#SDWA-08-2018-0031



9590 9402 3365 7227 3701 00

2 Article Number (Transfer from service label)

7012 2210 0000 5368 0771

AUG 01 2018

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Roy Brown*  Agent  Addressee

B. Received by (Printed Name) *Roy Brown* C. Date of Delivery

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
- (over \$500)