SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
The Honorable Andrew Werk, Jr. President	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Ft. Beiknap Indian Community Council	100
656 Agency Main Street Harlem, MT 59526	
# 5DWA-08-2018-0027 0	
2018	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail® ☐ Registered ☐ Delivery ☐ Delivery ☐ Registered ☐ Delivery ☐ Registered ☐ Delivery
9590 9402 3365 7227 3712 44	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery
7012 2210 0000 5368 062	Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt