

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

For delivery information visit our website at www.usps.com.

OFFICIAL USE

7005 1820 0005 4855 8855

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	

10/23/07
 Postmark Here

Total Postage

Jeffrey Doug Christiansen, President
 Glory Hole Homeowners
 6 North Pineview Drive
 Gillette, WY 82716

Send To:
 Street, Apt. No. or PO Box No.
 City, State, ZIP+4

DOCKET NO.: SDWA-08-2008-0005

PS Form 3811, June 2002

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: **OCT 23 2007**

Jeffrey Doug Christiansen, President
 Glory Hole Homeowners
 6 North Pineview Drive
 Gillette, WY 82716

DOCKET NO.: SDWA-08-2008-0005

D RC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 Jeffrey D. Christiansen 10/26/07

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 G.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article No. (Transfer) 7005 1820 0005 4855 8855

PS Form 3811, February 2004

Domestic Return Receipt

102005-02-04-1540