

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:

JUL 16 2009

Turnerville Water and Sewer District
Chad Turner, Chairman
PO Box 4341
Bedford, WY 83112

H

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Chad Turner* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
CHAD TURNER

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)

7004 1350 0001 5669 2344

PS Form 3811, February 2004

Domestic Return Receipt

102005-02-M-1540

SDWA-08-2009-0059