

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Margaret Nicholson</i></p>	
<p>1. Article Addressed to: MAY 17 2011</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Margaret Nicholson, Director Prairie Mountain Utilities 164 Agency Main Street Fort Belknap Agency, MT 59526</p> </div>	<p>B. Received by (Printed Name) <i>Margaret Nicholson</i></p>	<p>C. Date of Delivery <i>5-23-11</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p style="text-align: center;">7009 3410 0000 2593 7095</p> <p style="text-align: center;">Domestic Return Receipt</p>		

SDWA-08-2011-0035