

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 envelope.

Mr. Alvin Yellow Owl Jr., Director
 Two Medicine Water Company
 PO Box 1529
 Browning, MT 59417 **AUG 0 5 2019**

#SDWA-08-2019-0035



9590 9402 3226 7196 2894 36

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Roxanne B. Peterson* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

7005 0390 0000 4848 4392

(over \$500)