ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X. Shary Original Agent B. Received by (Printed Name) Snery Original 7-16-2016
Larry Cage, Owner and/or Operator Linda Cage, Owner and/or Operator Billy Cage, Owner and/or Operator Patricia Cage, Owner and/or Operator Petricia Cage, Owner and/or Operator	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Devil's Tower View 476 Highway 24 Devils Tower, WY 82714	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
9.	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7009	3410 0000 2596 9720
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S Form 3811, February 2004 Domestic Ret JNITED STATES POSTAL SERVICE • Sender: Please print your name, as	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
JNITED STATES POSTAL SERVICE Sender: Please print your name, as United States Environmental Protection Agency Region 8	First-Class Mail Postage & Fees Paid USPS Permit No. G-10 JUL 18 2012
S Form 3811, February 2004 UNITED STATES POSTAL SERVICE • Sender: Please print your name, as United States Environmental Protection Agency	First-Class Mail Postage & Fees Paid USPS Permit No. G-10 ddress, a Para in this box • JUL 1 8 2012 Office of Enforcement Compliance & Evironmental Justice