

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**  
*Order to Supplement*

7009 3410 0000 2599 0984

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

*8/3/11*

Postmark Here

Total Post: **Bryan Pownell, Owner/Operator**  
**Bryan's Place**  
 1416 Highway 51  
 Rozel, Wyoming 82727

Sent To  
 Street, Apt. # or PO Box No  
 City, State, Zi

DOCKET NO.: SDWA-08-2011-0025

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Judy Pownell</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>JUDY POWNELL</i></p> <p>C. Date of Delivery  <i>8-9-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>AUG - 4 2011</b></p> <p>Bryan Pownell, Owner/Operator                  Bryan's Place                  1416 Highway 51                  Rozel, Wyoming 82727</p> <p>DOCKET NO.: SDWA-08-2011-0025</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>2. Article Tracking Number: <b>7009 3410 0000 2599 0984</b></p>	<p><i>order to supplement</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540