

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: *Doc # 50 WA 08 2007 0070*

Kenneth N. Thompson
d/b/a: Silver City Saloon
6042 W. Lincoln Road
Helena, MT 59602

8ENF-W/ *U* OCT 01 2007

7005 0390 0000 4846 6831

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kenneth N. Thompson*

- Agent
 Addressee

B. Received by (Printed Name)

K N Thompson

C. Date of Delivery

10-?

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

OCT 1 2007