

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 # SDWA 08 2007 0081*

Janice C. Feaster, Registered Agent
 Intertribal Addictions Recovery Org.
 Thunder Child Treatment Center
 1000 Decker Road
 Sheridan, WY 82801

SEP 10 2007

8ENF-W-NP 8

7005 1160 0005 3398 1441

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Janice C. Feaster* Agent Addressee

B. Received by (*Printed Name*) *Janice C. Feaster* C. Date of Delivery *9-17-7*

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