

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to: <i>ENF-1</i></p> <p>JON WAGNER, OPERATOR HIGH COUNTRY SUBDIVISON P.O. BOX 54 TETON VILLAGE, WY 83025</p> <p><i>H</i> AUG 28 2007</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Carol Wagner</i></p> <p>B. Received by (Printed Name) <i>C. Wagner</i> C. Date of Delivery <i>9/1/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>Carol Wagner</i></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 Number (Transfer from service label)</p>	<p>7006 3450 0002 1992 0019</p>



PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

SDWA-08-2007-0019