

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. 	A. Signature <i>x John Selok</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Donna Guelde, Acting Chair Big Valley & Crossed Arrows SEP 27 2007 Improvement District P.O. Box 276 Meeteetse, WY 82433	B. Received by (Printed Name) <i>Donna Guelde</i>	C. Date of Delivery <i>10/1/07</i>
SDWA - 08 - 2007 - 0093	D. Is delivery address different from item 1? <input type="checkbox"/> Yes Address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service tag)	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"/> G.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7005 1820 0005 4855 5137		
PS Form 3811, February 2004	Domestic Return Receipt	10029-02-M-1040