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9/28/10

Honorable Samuel Vieyra, Mayor
 Town of Rock River
 P. O. Box 280
 Rock River, WY 82083

DOCKET NO.: SDWA-08-2010-0083

7008 3230 0003 0729 5599

PS Form 3811, August 2004

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 multipiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Andreas</i></p> <p>C. Date of Delivery <i>10/1/10</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>Honorable Samuel Vieyra, Mayor Town of Rock River P. O. Box 280 Rock River, WY 82083</p> <p>DOCKET NO.: SDWA-08-2010-0083</p>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from) 7008 3230 0003 0729 5599</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

SEP 29 2010

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09/28