

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <span style="color: blue;">MAR 30 2017</span> <b>#SDWA-08-2017-0012</b>  <b>The Honorable Harry Barnes,            Chairman            Blackfoot Tribe            P.O. Box 850            Browning, MT 59417</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <span style="color: red; font-size: 2em; border: 1px solid red; border-radius: 50%; padding: 5px; display: inline-block;">BROWNING MONTANA APR - 4 2017</span>	
	3. Service Type <input 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	<b>7012 2210 0000 5367 6392</b>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <span style="color: blue;">MAR 30 2017</span> <b>#SDWA-08-2017-0012</b>  <b>Mr. Gerald Wagner, Director            Blackfoot Utility Commission            P.O. Box 2029            Browning, MT 59417</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <span style="color: red; font-size: 2em; border: 1px solid red; border-radius: 50%; padding: 5px; display: inline-block;">BROWNING MONTANA APR 13 2017</span>	
	3. Service Type <input 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	<b>7012 2210 0000 5367 6408</b>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540