

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7007 3020 0003 3320 7296

| | | |
|---|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

12/11/08
 Postmark Here

Total Postage
 Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

Berthienia S. Crocker
 Attorney for Respondent
 Baldwin & Crocker, P. C.
 P. O. Box 1229
 Lander, WY 82520
 DOCKET NO.: SDWA-098-2008-0093

PS Form 3800, August 2006 See Reverse for Instructions

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:

Berthienia S. Crocker
 Attorney for Respondent
 Baldwin & Crocker, P. C.
 P. O. Box 1229
 Lander, WY 82520
 DOCKET NO.: SDWA-098-2008-0093

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Joanna Dovsky Addressee

B. Received by (Printed Name)

C. Date of Delivery
 12/15/08

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article (Tracking Number) 7007 3020 0003 3320 7296

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RC B order