

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

Timothy Davis, Chairman  
Blackfoot Tribe  
PO Box 850  
Browning, MT 59417-0850

AUG 05 2019

#SDWA-D8-2019-0035



9590 9402 3226 7196 2894 43

7005 0390 0000 4848 4408

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Doro Saluy*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

AUG 13 2019

3. Service Type
- |                                                              |                                                                     |
|--------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                     | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                 | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                        |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery    |                                                                     |
- (over \$500)