

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

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

7008 1630 0000 5157 2441

Postage	*	
Contract Fee		
Return Receipt Fee (Business Reply Mail)		
Restricted Delivery Fee (Domestic Mail Only)		
Postmark		3/3/10

Mr. Harry Washburn
 Grand Teton Park Resort, Inc.
 7750 E. Hwy. 287
 Moran, WY 83013

Send To: **Mr. Harry Washburn**
 7750 E. Hwy. 287
 Moran, WY 83013
 SENDER'S ZIP CODE: **83013**
 SENDER'S CITY: **MORAN**
 SENDER'S STATE: **WY**
 SENDER'S ZIP+4: **83013-0000**
 TRACKING NO.: **9505 1000 1000 1000 1000**
 POSTAGE PAID PERMIT NO. **1000**
 POSTAGE PAID AT **MORAN, WY**
 POSTAGE WILL BE PAID BY ADDRESSEE

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: **MAY 4 2010**

Mr. Harry Washburn
 Grand Teton Park Resort, Inc.
 7750 E. Hwy. 287
 Moran, WY 83013

SOCKET NO.: SDWA-418-2449-0087

COMPLETE THIS SECTION ON DELIVERY

- Stopfile
- Agent Addressed
- Return Receipt for Merchandise
- Date of Delivery
- Yes
- No

Signature: *Kevin Washburn*
 Printed Name: *Kevin Washburn*
 Date of Delivery: *3/3/10*
 Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Restricted Delivery? (Extra Fee) Yes

2. Addressee
 From: **7008 1630 0000 5157 2441**
 PS Form 3811, February 2004 Domestic Return Receipt
 DATE