SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: JUL 0 3 20 # SDWA-08 - 2017 - 0022	If YES, enter delivery address below:
Mr. Erin Martin, Director	
Shoshone Utility Organization	3. Service Type
P.O. Box 338	☐ Centified Mail S ☐ Repress Mail ☐ Registered ☐ Return Receipt for Merchandise
Fort Washakie, WY 82514	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7012 2210 0000 5369 2668	
PS Form 3811, February 2004 Domestic Ret	rurn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
item 4 if Restricted Delivery is desired.	B. Received by (Printed Name) Shill Sevens C. Date of Delivery
 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, 	B. Received by (Printed Name) Agent Addressee C. Date of Delivery
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.	B. Received by (Printed Name) Shows Sevens C. Date of Delivery D. Is delivery address different from item 1? Yes
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: #\$SDWA-O8-2017-00223 2017 The Honorable Clint Wagon, Chairman Eastern Shoshone Tribe P.O. Box 538	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, anter delivery address below: No 3. Service Type Cartified Mail
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: #\$30\text{U1} - 08 - 2017 - 002\text{U3} \text{ 2017} The Honorable Clint Wagon, Chairman Eastern Shoshone Tribe P.O. Box 538 Eart Washelia 1407 82514	B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, anter delivery address below: No 3. Service Type
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: #\$SDWA-O8-2017-00003 2017 The Honorable Clint Wagon, Chairman Eastern Shoshone Tribe P.O. Box 538	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, anter delivery address below: No 3. Service Type Cartified Mail Registers Service Return Receipt for Merchandise
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: #\$30\text{U1} - 08 - 2017 - 002\text{U3} \text{ 2017} The Honorable Clint Wagon, Chairman Eastern Shoshone Tribe P.O. Box 538 Eart Washelia 1407 82514	B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, anter delivery address below: No 3. Service Type Certified Mail Registered S - D Return Receipt for Merchandise Insured Mail C.O.D.
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