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CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7005 1820 0005 4855 9616

Postage \$		Postmark Here 10/02/07
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total \$	Scott Garland, Attorney Moore, Myers & Garland P. O. Box 8498 Jackson, WY 83001	
Send To:	P. O. Box 8498 Jackson, WY 83001	
Street, A or PO Box	DOCKET NO.: SDWA-08-2007-0079	
City, State		

PS Form 3811, June 2003 See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>S. Anderson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. Anderson</i></p> <p>C. Date of Delivery <i>10-12-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: OCT 03 2007 A</p> <p>Scott Garland, Attorney Moore, Myers & Garland P. O. Box 8498 Jackson, WY 83001</p> <p>DOCKET NO.: SDWA-08-2007-0079</p>	<p>3. Service Type <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 1820 0005 4855 9616 <i>Order</i></p>