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OFFICIAL USE

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
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CAFO
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9/20/18

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

Weldon Trust
 Rocky Mtn Conf of 7th Day Adventists
 PO Box 51915
 Casper, WY 82601
 SDWA-08-2018-0036

PS Form 3800

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:

Weldon Trust
 Rocky Mtn Conf of 7th Day Adventists
 PO Box 51915
 Casper, WY 82601
 SDWA-08-2018-0036

A
SEP 27 2018

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
10-04-2018

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

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