

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>1. Article Addressed to: J</p> <p>The Honorable Donald Brown Mayor of Hinckley PO Box 108 Hinckley, UT 84635 JAN 26 2010</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Don Brown</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Don Brown</i></p> <p>C. Date of Delivery <input type="checkbox"/> Addressee <i>1-28-10</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <i>PO Box 138 Hinckley, UT 84635</i></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 0390 0000 4848 6778</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-00-00-1541</p>	

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>1. Article Addressed to: I</p> <p>Kenneth H. Bousfield, Director Division of Drinking Water Utah Department of Environmental Quality PO Box 144810 Salt Lake City, UT 84114-4810</p> <p style="text-align: right;">JAN 26 2010</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>JAN 28 2010</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>UT. ST. MAIL</i></p> <p>C. Date of Delivery <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" 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 0390 0000 4848 6761</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-00-00-1540</p>	

SDWA-08-2010-0015