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
Article Addressed to:	D. Is delivery address different from item 15 If YES, enter delivery address below:
Jack Sauder, Board President Dillman Estates Homeowners Assoc P.O. Box 697	
Torrington, WY 82240	3. Service Type
Docket # SDWA -08-2008-0075 LNF-W JUL 14 2008	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
ENF-W 302 1. 2000 G	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 2560 0002 6445 2020	
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540