

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>DEC 30 2008</b>	B. Received by (Printed Name) <i>LaCarta</i>	C. Date of Delivery <i>1-2-09</i>
<div style="border: 1px solid black; padding: 5px;"> <p><i>B.</i></p> <p>Mike Grove, President              Bank of the Rockies              205 West Main              White Sulphur Springs, AMT 59545</p> <p><i>ENF-W-NP</i></p> </div>	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <p><i>PO box 709              WSS, MT 59645</i></p>	
2. Article Number (Transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7005 0390 0000 4846	Domestic Return Receipt 102595-02-M-1540

*SDWA-08-2007-0060*