

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:

TOEDTER, JOHN
C/O ROBERT TOEDTER
727 STARLIGHT DR
BILLINGS, MT 59101

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

[Signature] ☒ Addressee ☐ Agent

B. Received by (Printed Name)

Robert J Toedter

C. Date of Delivery

3/26

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

MAR 25 2013

**DEPARTMENT OF
WATER RESOURCES**

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)

7012 1640 0001 3856 3913

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540