

10-03-16

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: OCT 3 2016
 #SDWA-08-2016-0038
 B

Sheridan County Commissioners
Bob Rolston, Chairman
 224 S. Main St., Suite B1
 Sheridan, WY 82801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X 

B. Received by (Printed Name) C. Date of Delivery
 Mike Moxley 10-5-16

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 7012 2210 0000 5367 7696
 (Transfer from service label)