

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 <i>Michelle Roelfsema</i>
1. Article Addressed to: <i>SEP 28 2012</i>  Platte County Commissioners c/o Terry Stevenson, Chairman Pro Tem PO Box 728 Wheatland, WY 82201	B. Received by (Printed Name) <i>Michelle Roelfsema</i>
2. Article Number (Transfer from service label)	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below
PS Form 3811, February 2004	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
7009 3410 0000 2597 1617	
Domestic Return Receipt    102595-02-M-1540	

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