

**SENDER: COMPLETE THIS SECTION**

1 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2 Print your name and address on the reverse so that we can return the card to you.  
3 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to: JUL 31 2013

Lincoln County Commissioners  
c/o Paul C. Jenkins, Chairman  
925 Sage Ave., Suite 302  
County Courthouse  
Kemmerer, WY 83101

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Cory Roberts*  
B. Received by (Printed Name) C. Date of Delivery  
*Cory Roberts* *8/5/13*  
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

Article Number (Transfer from service label) 7003 2260 0001 7779 6331

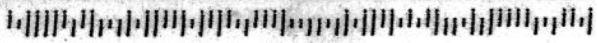
S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •  
  
*J. Minter 8ENF-W*  
**US EPA REGION 8**  
**1595 Wynkoop Street**  
**Denver, CO 80202-1129**  
  
*Docket #*  
*SDWA-08-2013-0048*  
  
*New*





First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

J. Minter 8ENF-W  
US EPA REGION 8  
1595 Wynkoop Street  
Denver, CO 80202-1129

Docket #

SDWA-08-2013-0048

New



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.

Article Addressed to:

JUL 31 2013

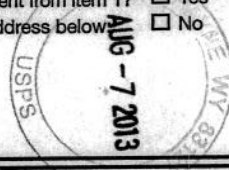
Roxane Cretal, Owner and Operator  
Kelly Garland, Owner  
Flat Creek RV Park  
P.O. Box 239  
Thayne, WY 83127

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Roxane Cretal*

B. Received by (Printed Name) C. Date of Delivery

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Article Number  
(Transfer from service label)

7003 2260 0001 7779 6348