

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Tahna Naylor</i>    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)    C. Date of Delivery  <i>Tahna Naylor</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Phil Cruz  Forest Service Supervisor  USDA Forest Service  Medicine Bow National Forest  2468 Jackson Street  Laramie, WY 82070</p> </div> <p><i>F</i> JUL - 3 2012</p>	<p>D. Is delivery address different from item 1?    <input type="checkbox"/> Yes  If YES, enter delivery address below:    <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7009 3410 0000 2596 9683</p>
<p>PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Albany County Commissioners  c/o Tim Sullivan, Chair  525 Grand Avenue  Laramie, WY 82070</p> </div> <p><i>A</i> JUL - 3 2012</p>	<p>D. Is delivery address different from item 1?    <input type="checkbox"/> Yes  If YES, enter delivery address below:    <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7009 3410 0000 2596 9690</p>
<p>PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540</p>	

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