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

US EPA REGION 8 1595 Wynkoop Street Denver, CO 80202-1129

APR 0 5 2010

Office of Enforcement Compliance & Evironment Justice

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
Albany County Commissioners c/o Tim Sullivan, Chairman 525 Grand Avenue Suite 202 Laramie, WY 82070	D. Is delivery address different from item 1?	
	3. Service Type Certified Mall Registered Insured Mail C.O.D.	fall ceipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540 ;