SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	X Valence Willer Ag
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 D
1. Article Addressed to: JUL 0 9 2009	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Laramie County Commissioners c/o Jeff Ketcham, Chairman 310 W. 19th Street	JLAL 1 2089
Cheyenne, WY 82001	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Recelpt for Merchandise ☐ Insured Mail ☐ C.O.D.
L	4. Restricted Delivery? (Extra Fee)
2. Article Number 7004 1350 0001 5669 2252 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
ITED STATES POSTAL SERVICE	First-Class Mail Postage & Fees Paid USPS USP USPS USP CONTROL Permit No. G-10
Sender: Please print your name, address, and ZIP+4 in this box •	
US EPA REGION 8 1595 Wynkoop Street Denver, CO 80202-1129	HECEINED
SCGT SDWA 08 2009005	8
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