

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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,

The Honorable Scott Peters, Mayor  
Town of Shoshoni  
102 E. Second Street  
Shoshoni, WY 82649

APR 04 2019

A

#SDWA-DB-2019-0015



9590 9402 3226 7196 2912 55

7012 2210 0000 5371 1536

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Kathy Soule*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*KATHY SOULE* *4/9/19*

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

*POB 267  
Shoshoni, WY 82649*

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery                |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |