

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 3-2-11 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Bonnie A. Smith Moore</i>	
	B. Received by (Printed Name) <i>Bonnie A. Smith Moore</i>	C. Date of Delivery <i>3-7-11</i>
1. Article Addressed to: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">MAR 3 2011</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Peter J. Moore and Bonnie A. Smith-Moore Grasslands Mobile Home Park 103 Hwy 59 Douglas, WY 82633 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>SDWA-08-2011-0028</i> <i>0029</i>	
2. Article Number (Transfer from service label)	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 7009 3410 0000 2593 8092 </div>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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<ul style="list-style-type: none"> 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. 3-2-11 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Lucile K Taylor</i>	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">MAR 3 2011</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Converse County Commissioners to Jim Willox 107 N. 5th Street, Suite 114 Douglas, WY 82633-2448 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 7009 3410 0000 2593 8078 </div>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		