

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

JAN 27 2011

Albany County Commissioners
 c/o Tim Sullivan, Chairman
 525 Grand Avenue, Suite 202
 Laramie, WY 82070

E

2. Article Number

(Transfer from service label)

7009 3410 0000 2593 1864

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gene Muma* Agent
 Addressee

B. Received by (Printed Name)

Gene Muma

C. Date of Delivery

1/3/11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

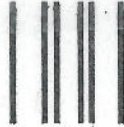
Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 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

RECEIVED

FEB 03 2011

Office of Enforcement
 Compliance & Environmental Justice

SDWA 08 2011 0017

ENF-UFO Susan

Mike Coffrey (SMU)

