	ametre:
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 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. Article Addressed to: 	A. Signature A. Signature Addresse B. Received by (Printed Name) C. Date of Delivery address different from item 1? D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.
Jay McGinnis, Executive Director Sheridan County YMCA 417 J. Jefferson St.	
Sheridan, WY 82801 DEC 1 3 2012	
	4. Restricted Delivery? (Extra Fee)
ENDER: 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,	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No
Johnson County Commissioners c/o Smokey Wildeman, Chair 76 North Main	3. Service Type
c/o Smokey Wildeman, Chair	ii 123, eiitei delivery addicas polow.

102595-02-M-1540

SD WA-08-2013-0005

PS Form 3811, February 2004 Domestic Return Receipt