

First-Class Mail Postage & Fees Paid Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box sometimes of the sender of the send

Docket #SDWA-08-2014-0003

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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:

cle Number

7 2014 A

Laramie County Commissioners Troy Thompson, Chair 310 West 19th St., Suite 300 Cheyenne, WY 82001

	COMPLETE THIS SECTION ON DELIVERY
е	A. Signature
se	X // alene Millin - Addressee
	B. Received by (Printed Name) C. Date of Delivery
ece,	VALERIE MILLER
	D. Is delivery address different from Item 1?  Yes
ľ	if YES, enter delivery address below.   No
ŀ	(A) (B)
İ	(2)
- 1	0
L	3. Service Type
	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
7008	3230 0003 0726 2027

m 3811, February 2004

nsfer from service label)

Domestic Return Receipt

102595-02-M-1540