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SENDER: COMPLETE THIS SECTION	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:  Natrona County Commissioners	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
c/o Bill McDowell, Chair 200 N Center, Room 115 Casper, WY 82601	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 🗆 🖰 🖰	3230 0003 0728 2933
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