

**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: SEP 18 2014  
#SDWA-08-2014-0043

Lincoln County Commissioners  
c/o T. Deb Wolfley, Chairman  
925 Sage Ave., Ste. 302  
Kemmerer, WY 83101

I

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Cory Roberts*  Addressee

B. Received by (*Printed Name*)  Agent  
*Cory Roberts*  Addressee

C. Date of Delivery  
*9/22/14*

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

2. Article Number  
(*Transfer from service label*) 7009 3410 0000 2596 5883