

**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:

#SDWA-08-JM-0052

Honorable Kelly Krakow  
Mayor, Town of Albin  
P.O. Box 188  
Albin, WY 82050

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SEP 30 2014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *William C Kriz*

- Agent  
 Addressee

B. Received by (Printed Name)

William C Kriz

C. Date of Delivery

10/4/12

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)

7008 3230 0003 0728 4050