SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
Honorable Alexander Jankewicz, Mayor Town of Fort Laramie P.O. Box 177 Fort Laramie, WY 82212	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
(Transfer from service label) 7008 3230 0003 0724 6546	
PS Form 3811, February 2004 Domestic Retr	urn Receipt 102595-02-M-1540

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