SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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 - O8 - 2015 - 00 Y7	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
Albany County Commissioners c/o Tim Sullivan, Chairman 525 Grand Ave., Room 105 Laramie, WY 82070	SFP 24 2015 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7009 3410 0000 2600 7810	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540