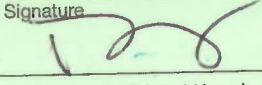


**SENDER: COMPLETE THIS SECTION**

- 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-08-2016-0017**  
**AUG 15 2016**  
**Platte County Commissioners**  
**c/o Steve Shockley, Chair**  
**800 9<sup>th</sup> Street**  
**Wheatland, WY 82201**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**   Addressee

B. Received by (Printed Name) C. Date of Delivery  
**Young** **8/17**

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) **7012 2210 0000 5370 1193**