

**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:

MAY 05 2008

Converse County Commissioners  
 c/o Jim Willox, Chairman  
 107 No. 5<sup>th</sup> St., Ste. 114  
 Douglas, WY 82633-2448

Docket # SPWA-08-2008-0044  
 ENI-W H

2. Article Number

(Transfer from service label)

7002 0460 0002 8122 1571

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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