

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             Lincoln County Commissioners              c/o Kent Connelly, Chairman              925 Sage Avenue, Suite 302              Kemmerer, WY 83101           </div>	D. Is delivery address different from Item 1? If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
NOV 21 2011    I		
7009 3410 0000 2593 0553		
Domestic Return Receipt		102595-02-M-1540

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	B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             Greater Smoot Water and Sewer District              c/o John Hunsaker, Chairman              PO Box 76              Smoot, WY 83126           </div>	D. Is delivery address different from Item 1? If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
NOV 21 2011		
7009 3410 0000 2593 0560		
Domestic Return Receipt		102595-02-M-1540

SDWA-08-2012-0005