

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 type="checkbox"/> Addressee <i>LaDonna Bygas</i>	
	B. Received by (Printed Name) <i>LaDonna Bygas</i>	C. Date of Delivery <i>5/27/08</i>
1. Article Addressment Fee: <i>ENF-W</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Mr. Bob Stoddard, Chairman Bridger Valley Joint Powers Board P.O. Box 615 Mountain View, WY 82939  MAY 23 2008 Docket # <i>SOWA-08-2008-0056</i>	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 1490 0001 4773 8505	
PS Form 3811, February 2004	Domestic Return Receipt	102005-02-44-1040

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Rocky Irick, Operator Bridger Valley Joint Powers Board P.O. Box 615 Mountain View, WY 82939  MAY 23 2008 Docket # <i>SOWA-08-2008-0056</i>	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7007 1490 0001 4773 8499	
PS Form 3811, February 2004	Domestic Return Receipt	102005-02-44-1040