

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2596 2264

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

blu2012

Postmark
Here

Brian Connelly
 Total Post: **Natrona County Weed Pest Control District**
 6819 W. Yellowstone
 Casper, WY 82604

Sent To
 Street, Apt. or PO Box
 City, State
DOCKET NO.: FIFRA-08-2012-0004

PS Form 3800, August 2006

See Reverse for Instructions

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:

Brian Connelly
Natrona County Weed Pest Control District
 6819 W. Yellowstone
 Casper, WY 82604
DOCKET NO.: FIFRA-08-2012-0004

G JUN 11 2012

2. Article Number
(Transfer from sel)

7009 3410 0000 2596 2264

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

stop sale