SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address of the wailpiece, or on the front if space permits. SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address of the wailpiece, or on the front if space permits. Registered Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. B. Received by (Printed Name) Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. B. Received by (Printed Name) Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No No No No No No No N		
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. Addressed to: ### SPUA-D8-2014-0022 ### 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. Acticle Addressed to: #### 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. Acticle Addressed to: ######### Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ###################################	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: ## 5 DUA - D8 - 2014 - 0022 SEP 2 0 2016 Sweetwater County Commissioners Wally J. Johnson, Chairman 80 W. Flaming Gorge Way Green River, WY 82935 2. Article Number (Tlansfer from service label) PS Form 3811, February 2004 **ENDER: 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: ## 5004 - 08 - 2014 - 0022 SEP 2 17 2016 Mr. Robert Volcic Box 666 Rock Springs, WY 82902	 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, 	B. Beceived by (Printed Name) C. Date of Delivery
Wally J. Johnson, Chairman 80 W. Flaming Gorge Way Green River, WY 82935 2. Article Number (Transfer from service label) PS Form 3811, February 2004 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. Article Addressed to: Mr. Robert Volcic Box 666 Rock Springs. WY 82902 3. Service Type Certified Mail Express Mail Registered Return Receipt Return Receipt	# 5DWA-08-2014-0022 SEP 2 0 2016	If YES, enter delivery address below:
80 W. Flaming Gorge Way Green River, WY 82935 Registered Registered Return Receipt for Merchand Registered Resturn Receipt for Merchand Resturn Receipt for Merchand Resturn Receipt for Merchand Resturn Receipt Resturn Receipt for Merchand R		
Green River, WY 82935 Insured Mail		
4. Restricted Delivery? (Extra Fee)		
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. Article Addressed to: SEP 2 1 2016 Mr. Robert Volcic Box 666 Rock Springs. WY 82902 COMPLETE THIS SECTION ON DELIVERY A. Signature COMPLETE THIS SECTION ON DELIVERY A. Signature D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No SEP 2 1 2016 Registered Registered Return Receipt for Merchand	Green River, VVY 82935	
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. Received by (Printed Name) C. Date of Delivery address different from item 1? Yes If YES, enter delivery address below: No Mr. Robert Volcic Box 666 Rock Springs, WY 82902	2. Article Number 7012 2210 0000 5367 7290 (Transfer from service label)	
■ 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: ### SOWA - D8 - 2014 - D022 SEP 2 11 2016 Mr. Robert Volcic Box 666 Rock Springs. WY 82902 A. Signature Agent Address Address		
Rock Springs, WY 82902		turn Receipt 102595-02-M-1540
NOCK Spillius, VVI 02302	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. Article Addressed to: SEP 2 8 2016 Mr. Robert Volcic	A. Signature X
	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. Article Addressed to: SEP 2 8 2666 Mr. Robert Volcic	COMPLETE THIS SECTION ON DELIVERY A. Signature X
4. Restricted Delivery? (Extra Fee) ☐ Yes	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. Article Addressed to: SEP 2 0 2016 Mr. Robert Volcic Box 666	A. Signature X
2. Article Number 7012 2210 0000 5367 7283 (Transfer from service label)	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. Article Addressed to: SEP 2 6 2016 Mr. Robert Volcic Box 666	COMPLETE THIS SECTION ON DELIVERY A. Signature X
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-	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. Article Addressed to: SEP 2 1 2016 Mr. Robert Volcic Box 666 Rock Springs, WY 82902	A. Signature X