SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. A. Signatur Print your name and address on the reverse Agent so that we can return the card to you. Addressee Attach this card to the back of the mailpiece, B. Received by (Printed C. Date of Delivery 10-30-5 Mr. Donald Taylor, Director Sweetwater Improvement and If YES, enter delivery address below: Service District P.O. Box 879 Newcastle, WY 82701 \$50WA-08-2020-0007 □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® 9590 9402 5037 9092 7588 89 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 7012 2210 0000 5374 0444 ☐ Signature Confirmation Restricted Delivery ail Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt