SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY  A. Signature
ritem 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to your.	Solomon Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: MAR 1 8 2009	D. Is delivery address different from Item ? Ves If YES, enter delivery address below:
Willie Kolkman, President	
Deike Estates Improvement and	
Service District	
12500 East 1-80 Service Road	3. Service Type
Cheyenne, WY 82009	Certified Mail
	☐ Insured Mall ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7004 1350 0001 5668 8255	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
Illumo Omero Branco Omero	
United States Postal Service	First-Class Mail Postage & Fees Paid
	USPS Permit No. G-10
	Femili No. G-10
Sender: Please print your name, address, and ZIP+4 in this box	
US EPA REGION 8	
1595 Wynkoop Street	
Denver, CO 80202-1129	
5661	
8DWA 08-2009-0034 ENF-UFO Juran De Alle	
ENF-UFO Surace metaffrey	
I me only to a	
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