

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:

Milward Simpson, Director
WY Dept of State Parks +
Cultural Resources
2301 Central Ave
Cheyenne, WY 82002

2. Article Number
(Transfer from service label)

7008 3230 0003 0730 1788

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

APR 15 2013

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

APR 12 2013

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SDWA-08-2013-0015