

**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:

F  
 FMC Corporation  
 c/o C T Corporation System,  
 Registered Agent  
 1720 Carey Ave.  
 Cheyenne, WY 82001

ENT-W

DEC 28 2007

2. Article Number

(Transfer from service label)

7007 1490 0001 4785 7572

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kat Kratz*

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

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

C  
 FMC Granger PWS  
 c/o Nathan Uhrig, Operator  
 P.O. Box 872  
 Green River, WY 82935

ENT-W

DEC 28 2007

2. Article Number

(Transfer from service label)

7007 1490 0001 4785 7589

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dana F. Dandrea*

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

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1. Article Addressed to:

A  
 Sweetwater County Commissioners  
 c/o Wally Johnson, Chair  
 P.O. Box 730  
 80 West Flaming Gorge Way  
 Green River, WY 82935

ENT-W

DEC 28 2007

2. Article Number

(Transfer from service label)

7007 1490 0001 4785 7596

PS Form 3811, August 2001

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

01-2-08

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