

**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:

SDWA-08-2014-0029  
B  
AUG 19 2014

Honorable Paul S. Brooks  
Mayor, City of Sundance  
P.O. Box 542  
Sundance, WY 82729

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Toby Shamion*  Agent  Addressee

B. Received by (Printed Name)

Toby Shamion

C. Date of Delivery

Yes

No

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7008 3230 0003 0728 0007