

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 AUG 19 2014

Crook County Commissioners
c/o Jim W. Hadley, Chairman
P.O. Box 37
Sundance, WY 82729

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shirley Crawford*

Agent

Addressee

B. Received by (Printed Name)

Shirley Crawford

C. Date of Delivery

Yes

No

D. Is delivery address different from item 1?

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 2513