


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: **SEP 29 2014**
SDWA-08-2014-0050

John Cox, Director
Wyoming Dept. of Transportation
5300 Bishop Blvd.
Cheyenne, WY 82009-3340

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X  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

2. Article Number
(*Transfer from service label*)

7008 3230 0003 0728 3978