

**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-08-2014-0052

Laramie County Commissioners  
Diane Humphrey, Chair  
310 West 19<sup>th</sup> Street, Suite 300  
Cheyenne, WY 82001

D

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Valerie Miller

Agent

Addressee

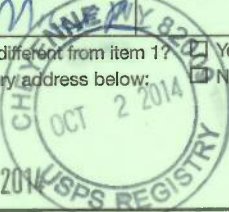
B. Received by (Printed Name)

VALERIE M

C. Date of Delivery

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

SEP 30 2014



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 4067