

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-08-2014-0055



OCT 01 2014

Fremont County Commissioners
c/o Douglas L. Thompson, Chairman
450 North 2nd Street
Lander, WY 82520

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rosell*

Agent

Addressee

B. Received by (Printed Name)

Rosell

C. Date of Delivery

10/3

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 4081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540