

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-08-2015-0003

et

Mr. Robert Strickland, Director
Sweetwater Improvement and
Service District
P.O. Box 879
Newcastle, WY 82701

2. Article Number
(Transfer from service label)

7008 3230 0003 0724 4870

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tina Cordell*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-31-15

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

MAR 24 2015

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes