

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-08-2015-0023

Johnson County Commissioners
c/o Jim Hicks, Chairman
76 N. Main Street
Buffalo, WY 82834

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Klaahsen

Agent
 Addressee

B. Received by (Printed Name)

Mary Klaahsen

C. Date of Delivery

6/25/15

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

JUN 23 2015

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)

7009 3410 0000 2600 7148