

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-#08-2015-0027

The Honorable Larry Stepp, Mayor
City of LaBarge
P.O. Box 327
LaBarge, WY 82123

JUL 23 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Larry Stepp*

- Agent
 Addressee

B. Received by (Printed Name)

LARRY STEPP

C. Date of Delivery

7-28-15

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

GG

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 7377