

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-08-2015-0041 B

Teton County Commissioners
c/o Barbara Allen, Vice Chairwoman
P.O. Box 3594
Jackson, WY 83001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A Johnson*

Agent

Addressee

B. Received by (Printed Name)

A JOHNSON

C. Date of Delivery

8-21-15

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

AUG 18 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)

7004 1350 0001 5707 4989