

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>Leander</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>#SDWA-08-2015-0035</i>	B. Received by (Printed Name) <i>Leander</i> C. Date of Delivery
Corporation Service Company, Registered Agent for Corporation of the Presiding Bishop of the Church of Jesus Christ of Latter Day Saints 1821 Logan Ave. Cheyenne, WY 82001	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	<div style="text-align: right; font-weight: bold;">AUG 18 2015</div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Extra Fee <input type="checkbox"/> Yes
PS Form 3811, February 2004	7004 1350 0001 5707 4958 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: <i>#SDWA-08-2015-0035</i>	B. Received by (Printed Name) <i>R. Stanker</i> C. Date of Delivery <i>8-21-15</i>
Fremont County Commissioners c/o Douglas L. Thompson, Chairman 450 North 2 nd Street Lander, WY 82520	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	<div style="text-align: right; font-weight: bold;">AUG 18 2015</div> 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7004 1350 0001 5707 5009 Domestic Return Receipt 102595-02-M-1540