

**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-08-2015-0048 (H)

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

**COMPLETE THIS SECTION ON DELIVERY**

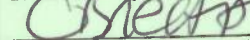
A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)



C. Date of Delivery

9/10/15

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

SEP 21 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 7872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540