SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X MANAGER Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	Shallana Ramen 2-3075
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
#SDWA-08-2015-0049 (F)	2100 - 0
	SFP 2 0 2015
Park County Commissioners	
c/o Joe Tilden, Chairman	
Park County Courthouse	3. Service Type
1002 Sheridan Avenue	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandlse ☐ Insured Mail ☐ C.O.D.
Cody, WY 82414	4. Restricted Delivery? (Extra Fee) ☐ Yes
O Autiala Musekau	4. Hostilotod Bollody', (Dilla 100)
2. Article Number 7009 3	3410 0000 2600 7896
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15.
,	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature
Print your name and address on the reverse	A. Signature Agent Agent Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	o. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
#5DWA-08-2015-0049	
	SEP 2 2015
Ma Jad D. D. D. J.	AFF 2 1 2013
Mr. Jack Barnes, President	
Painter Estates Homeowners Assoc.	3. Service Type
871 Lane 11	☐ Certified Mail ☐ Express Mail
Powell, WY 82435	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
12 A	
Add No.	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	9 3410 0000 2600 7902
S Form 3811, February 2004 Domestic Ret	
Domodo No.	turn Heceipt . 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION OF THE SECTION O
	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	X kingth M. K. M. Addresses
so that we can return the card to you.	B Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	DEANETTE M HAJBA 7/30/16
	D. Is delivery address different from item 1? Yes
. Article Addressed to:	If YES, enter delivery address below:
\$50WA-08-2015-0049 (G)	SEP 2 8 2015
	011.57.57
Mr. Raymond E. Stockhill	
Registered Agent	
Painter Estates Homeowners Assoc.	3. Service Type
1814 Sheridan Avenue	☐ Certified Mail ☐ Express Mail
Cody, WY 82414-1315	Registered Return Receipt for Merchandise
Couy, VV 1 02414-1313	A Destate ID II of the Day
Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7009	3410 0000 2600 7889
S Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540