

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-08-2015-0053

SEP 30 2015

Converse County Commissioners
c/o Rick Grant, Chair
107 North 5th Street
Douglas, WY 82633-2448

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Anita R. Hollen

Agent

Addressee

B. Received by (Printed Name)

Anita R. Hollen

C. Date of Delivery

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

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 9111