

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-08-2016-0015 =C

Mr. Robert Strickland, Director
Sweetwater Improvement and
Service District
P.O. Box 879
Newcastle, WY 82701

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Shirley Parks

C. Date of Delivery

7-25-16

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- Agent
 Addressee

- Yes
 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 1658