

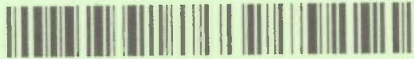
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Mr. Mike Zmiewski, Chair
 Rozet Ranchettes I&S District
 P.O. Box 471

Gillette, WY 82717

#SDWA-08-2019-0018



9590 9402 3365 7227 3684 42

7012 2210 0000 5371 1062

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Helena Cothey*

Agent

Addressee

B. Received by (Printed Name)

Helennanne Cothey

C. Date of Delivery

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



3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Signature Confirmation Restricted Delivery