SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Rebelved by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? D. Yes
1. Article Addressed to: JAN 2 / 2011 Teton County Commissioners c/o Hank Phibbs, Chairman County Administration Building 200 South Willow Street Jackson, WY 83001	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	3410 0000 2593 1840
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

