

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. <i>2-28-11</i> 	A. Signature <input checked="" type="checkbox"/> <i>Tim Bishop</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Tim Bishop</i>	C. Date of Delivery
1. Article Addressed to: <i>FEB 28 2011</i> Tim and Deborah Bishop, Owners Medicine Bow Lodge Star Route 8A Saratoga, WY 82331	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <i>7009 3410 0000 2593 8054</i>		
PS Form 3811, February 2004 Domestic Return Receipt		

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<ul style="list-style-type: none"> 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. <i>2-28-11</i> 	A. Signature <input checked="" type="checkbox"/> <i>Kathy Makinen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Kathy Makinen</i>	C. Date of Delivery <i>2/2/11</i>
1. Article Addressed to: <i>FEB 28 2011</i> Carbon County Commissioners c/o Terry Weickum, Chairman Carbon County Clerk P.O. Box 6 Rawlins, WY 82301	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <i>7009 3410 0000 2593 8047</i>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		