

**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:

Town of Dixon  
Attn: Matthew Feldmann, Mayor  
POB 26  
Dixon, WY 82323

2. Article Number  
(Transfer from service label)

7008 3230 0003 0726 9767

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Cadey J. Stocks*

Agent

Addressee

B. Received by (Printed Name)

*Cadey S. Stocks*

C. Date of Delivery

*6-11-10*

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

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

Domestic Return Receipt

102595-02-M-1540

SDWA-08-2010-0050