

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Valerie Miller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>JUL 23 2008</b>	B. Received by (Printed Name) <i>VALERIE MILLER</i>	C. Date of Delivery
<p>Laramie County Commissioners  c/o Jeff Ketcham, Chairman  310 W. 19<sup>th</sup> St.  Cheyenne, WY 82001 <b>L</b></p> <p>Docket# SDWA-08-2008-0082  <b>EMW</b></p>	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" 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.	
7007 2560 0002 6445 1153	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	