Age of the second secon	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
The Honorable Alan Curtis Mayor of the Town of Pine Bluffs P.O. Box 429, 215 Main Street Pine Bluffs, WY 82082	D. is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 5037 9092 7581 55 7012 2210 0000 5374 099	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Lail Restricted Delivery [Signature Confirmation Mail Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt