

**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 s

1. Article Addressed to:

return 11  
OCT 11 2011

Laramie Cour., Commissioners  
Diane Humphrey, Chair  
310 W 19<sup>th</sup> Street, Suite 300  
County Courthouse  
Cheyenne, WY 82001-4449

2. Article Number

(Transfer from service label)

7009 3410 0000 2596 7900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Valerie Miller*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RECEIVED  
SEP 27 2011

Office of Enforcement

Compliance & Environmental Justice

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SDWA-08-2011-0073