

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.

JUL 29

Honorable Jean Dixon
 Mayor, Town of Wheatland
 600 9th Street
 Wheatland, WY 82201

08 2011 0056

B

2. Article Number
 (Transfer from service label)

7009 3410 0000 2596 7412

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Reannah Caves* Agent
 Addressee

B. Received by (Printed Name)

Reannah Caves

C. Date of Delivery

8-7-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

EPA United States
 Environmental Protection Agency
 REGION 8
 1595 Wynkoop Street
 Denver, CO 80202-1129

ENV-UFD Susan

*Pardee -
Waltch
(rec)*

