

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7009 3410 0000 2596 2561

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

CA/FO
 9/4/12
 Postmark Here

Total Postage
John Cox, Director
Wyoming Department of Transportation
 5300 Bishop Blvd.
 Cheyenne, WY 82009-3340
DOCKET NO.: CWA-08-20012-0028

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>John Cox, Director Wyoming Department of Transportation 5300 Bishop Blvd. Cheyenne, WY 82009-3340 DOCKET NO.: CWA-08-20012-0028</p>	<p>B. Received by (Printed Name) <i>Messman</i></p> <p>C. Date of Delivery <i>9/6/12</i></p>
<p>2. Article Number (Tra) 7009 3410 0000 2596 2561</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>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.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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SEP - 4 2012

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