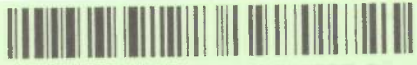


SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: *SEP 27 2017*
#SDWA-08-2017-0036
Joint Powers Water Board
P.O. Box 1299
Green River, WY 82935 *H*



9590 9402 2761 6351 1025 36

2. Article Number (Transfer from service label)
7012 2210 0000 5369 3627

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sara Richardson* Agent Addressee
B. Received by (Printed Name) *Sara Richardson* C. Date of Delivery *9/27/17*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
- (over 500)