

**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.

1. Article Addressed to:

Natrona County Commissioners  
 c/o Jon Campbell, Chair  
 P.O. Box 863  
 Casper, WY 82602

Docket # SDWA-08-2008-0011

DEC 28 2007

Int-W

GOOSE EGG INN AD

2. Article Number

(Transfer from service label)

7007 1490 0001 4785 7619

PS Form 3811, August 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kathy Mann*

Agent

Addressee

B. Received by (Printed Name)

*Kathy Mann*

C. Date of Delivery

*1-2-08*

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

102595-02-M-1540