

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:

#SDWA-08-2017-0011 MAR 21 2017

Lincoln County Commissioners
c/o Robert Edward King, Chair
925 Sage Ave, Suite 302
Kemmerer, WY 83101

A

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Corey Roberts LCC Addressee

B. Received by (Printed Name) *Corey Roberts*

C. Date of Delivery

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

2. Article Number
(Transfer from service label)

7012 2210 0000 5367 9478

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540