

**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: APR 19 2011

John Cox, Director  
 Wyoming Department of Transportation  
 5300 Bishop Blvd  
 Cheyenne, WY 92009-3340

2. Article Number (Transfer from service label) 7009 3410 0000 2593 6241

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Messman* C. Date of Delivery *4/25/11*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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 •

**US EPA REGION 8**  
**1595 Wynkoop Street**  
**Denver, CO 80202-1129**

**RECEIVED**  
**MAY 04 2011**  
 Office of Enforcement  
 Compliance & Environmental Justice

*SDWA 082011 0036*  
*ENF-UFO Susan*

*Patricia*  
*Wick*  
*(nuv)*

