

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 2010**

Richard Strahom, Superintendent
 Campbell County School District No. 1
 PO Box 3033
 Gillette, WY 82717

2. Article Number
(Transfer from service label)

7008 3230 0003 0730 4611

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Martin McKown* Agent Addressee

B. Received by (Printed Name) *Martin McKown* C. Date of Delivery *4-22-10*

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**

SDWA 08 2010 0033

ENF-VF Susan

Office of Enforcement
 Compliance & Environmental Justice

*Melinda
 (new)*

