

**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-08-2017-0010  
MAR 22 2017

Crook County Commissioners  
c/o Kelly B. Dennis, Chair  
P.O. Box 37  
Sundance, WY 82701 (B)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent  
 Addressee

B. Received by (Printed Name)

*Megan Parks*

C. Date of Delivery

*3/24/17*

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes  
 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 6354