

**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-08-2017-0014

APR 26 2017

Albany County Commissioners  
c/o Tim Chesnut, Chair  
525 Grand Avenue  
Laramie, WY 82070

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Smamunam*  Agent  Addressee

B. Received by (Printed Name)

*Cora Munam*

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 5368 7657

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540