

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-08-2016-0028 ©

Campbell County Commissioners
c/o Gary Becker, M.D. Chairman
Campbell County Courthouse
500 South Gillette Avenue
Gillette, WY 82716

2. Article Number
(Transfer from service label)

7012 2210 0000 5367 7429

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sandra Beeman* Agent Addressee

B. Received by (Printed Name)
SANDRA BEEMAN 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