SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: AUG 1 2 2008 Laramie County Commissioners c/o Jeff Ketchum, Chairman 310 W. 19th St., Ste, 300 	A. Signature X
Cheyenne, WY 82001	3. Service Type □ Certified Mall □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
Docket \$50WA-08-2008-0087	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0390 0000 4848 4613

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540