

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: **SEP 12 2011**

**Platte County Commissioners
c/o Tim Millikin, Chair
PO Box 728
Wheatland, WY 82201**

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2. Article Number
(Transfer from service label)

7009 3410 0000 2594 7155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Chris Kanwisher

B. Received by (Printed Name) C. Date of Delivery
Chris Kanwisher 9-14

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

SDWA-08-2011-0065