

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Ms. Melanie Fullman, District Ranger
USDA Forest Service
Medicine Bow Natl. Forest Service
P.O. Box 249 (2171 Highway 130)
Saratoga, WY 82331

#SDWA-08-2020-0002 B



9590 9402 5037 9092 7581 62

7012 2210 0000 5374 0987

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mary Everett* Agent
 Addressee

B. Received by (*Printed Name*)
Mary Everett

C. Date of Delivery
10/11/19

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
- (over \$500)