

**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: *Doc# SWA 08 2007 008*

Sheridan County Commissioners  
 c/o Terry Cram, Chairman  
 224 South Main Suite B-1  
 Sheridan, WY 82801

*SEP 10 2007*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Roger D. Calkins*  Addressee

B. Received by (*Printed Name*) *Roger D. Calkins* C. Date of Delivery *9/12/07*

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

*SENE W*

*11*

7005 1160 0005 3398 1434



*SEP 17 2007*