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. Article Addressed to: 	A. Signature Agent Addressee B. Received by (**rinted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Fremont County Commissioners	1917
c/o Travis Becker, Chair 450 N. 2 nd , Room 220 Lander, WY 82520	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	012 2210 0000 5369 2798
PS Form 3811, February 2004 Domest	ic Return Receipt 102595-02-M-1540