SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>APR 2 9 2013</li> <li>Honorable Russell Walter</li> <li>Mayor, Town of Lingle</li> <li>P.O. Box 448</li> </ul>	A. Signature  X (Lord W) Conful Agent Addressee  B. Received by (Printed Name) C. Date of Delivery DAVID W (EVDATE) 5-02-13  D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No
Lingle, WY 82223	3. Service Type  Certified Mail Registered Insured Mail C.O.D.
SDWA -08-2013-0020 Z	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7008	3230 0003 0725 3759
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