

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul> <p>1. Article Addressed to:</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Rosanne Driskill</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Rosanne Driskill</i></p> <p>C. Date of Delivery  <i>5-16-13</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p><b>MAY 14 2013</b></p> <p>Rosanne Driskill, Registered Agent            Driskill Holdings, LLC            641 Highway 24            Devils Tower, WY 82714</p>	<p><i>PO Box 100            Devils Tower WY 82714</i></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>I</p> <p>2. Article Number            (Transfer from service label)</p>	<p>7009 3410 0000 2598 6413</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p><b>MAY 14 2013</b></p> <p>Crook County Commissioners            c/o Jim W. Hadley, Chair            P.O. Box 37            Sundance, WY 82729</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>K</p> <p>2. Article Number            (Transfer from service label)</p>	<p>7009 3410 0000 2598 6406</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SDWA-08-2013-0029