

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:

#SDWA-08-2014-0050

SEP 29 2014

Goshen County Commissioners
James Hudelson, Chair
P.O. Box 160
Torrington, WY 82240

D

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Deagle* Agent Addressee

B. Received by (Printed Name)

Mary Deagle

C. Date of Delivery

10-1-14

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

2. Article Number

(Transfer from service label)

7008 3230 0003 0728 3985