

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-08-2015-0024

Teton County Commissioners
Melissa Turley, Chair
P.O. Box 3594
Jackson, WY 83001

COMPLETE THIS SECTION ON DELIVERY

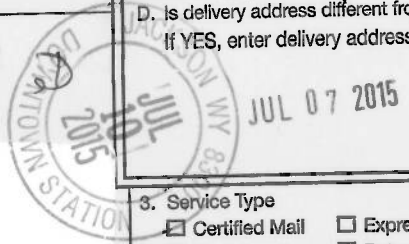
A. Signature
[Signature] Agent Addressee

B. Received by (*Printed Name*) *[Signature]* C. Date of Delivery

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) **7009 3410 0000 2600 7223**

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1. Article Addressed to:
#SDWA-08-2015-0024

Mr. Brian Beck, Board Chair
Rivermeadows Water District
P.O. Box 510
Teton Village, WY 83025

COMPLETE THIS SECTION ON DELIVERY

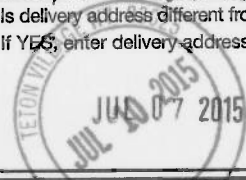
A. Signature
[Signature] Agent Addressee

B. Received by (*Printed Name*) *[Signature]* C. Date of Delivery *7/10/15*

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) **7009 3410 0000 2600 7230**