

**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-08-2015-0030

Teton County Commissioners  
c/o Barbara Allen  
Vice Chair and Interim Chair  
P.O. Box 3594  
Jackson, WY 83001



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*H. Johnson*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*H. JOHNSON* *8-10-15*

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 7438