

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>	A. Signature <input checked="" type="checkbox"/> <i>Sally Shoemaker</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: #SDWA-08-2016-0025 SEP 20 2016 Sweetwater County Commissioners c/o Wally J. Johnson, Chair 80 West Flaming Gorge Way, #109 Green River, WY 82935	B. Received by (Printed Name) <i>Sally Shoemaker</i>	C. Date of Delivery <i>9-23-16</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 2210 0000 5367 7337		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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1. Article Addressed to: #SDWA-08-2016-0025 SEP 20 2016 USDA Forest Service c/o John R. Erickson, Supervisor Ashley National Forest 355 North Vernal Avenue Vernal, UT 84078	B. Received by (Printed Name) <i>Sheila Harn</i>	C. Date of Delivery <i>23 Sept 16</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 2210 0000 5367 7320		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		