



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

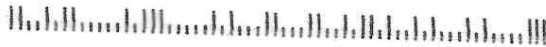
• Sender: Please print your name, address, and ZIP+4 in this box •

**US EPA REGION 8**  
**1595 Wynkoop Street**  
**Denver, CO 80202-1129**

APR 28 2010

Office of Enforcement  
 Compliance & Evaluation Justice

SDWA 082010 0036  
 ENF-UFO Susan  
 The Caffrey  
 (new)



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 style="text-align: right;">APR 21 2010</p> <p>Campbell County School District          Richard Strahorn, Superintendent          1000 West 8<sup>th</sup> Street          PO Box 3033          Gillette, WY 82717-3033</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Martin McKown</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Martin McKown</i></p> <p>C. Date of Delivery  <i>4-23-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</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>2. Article Number          (Transfer from service label)</p>	<p style="text-align: center;">7008 3230 0003 0730 4710</p>