

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: JAN 10 2013 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Doris B. Anderson, Registered Agent United Methodist Circle J Ranch 3338 Hwy 16 Ten Sleep, WY 82442 </div>		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		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.	
PS Form 3811, February 2004		Domestic Return Receipt	
7004 1350 0001 5669 0654		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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1. Article Addressed to: JAN 10 2013 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Washakie County Commissioners c/o Ron Harvey, Chair PO Box 260 Worland, WY 82401 </div>		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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