Water Committee of the	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</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,</li> <li>Mr. Michael Lamere, Program Mgr. Teton County Weed and Pest Dist. 7575 South Highway 89     Jackson, WY 83001</li> </ul>	A. Signature  X
9590 9402 3226 7196 2884 46 2 7012 2210 0000 5373 9110	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Callect on Delivery ☐ Lail Restricted Delivery  [ Signature Confirmation TM Signature Confirmation Restricted Delivery  [ (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

.