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.	A Signature  X  A Received by ( Printed Name)  C. Date of Delivery
1. Article Addressed to:  JUL 2 0 2011  Laramie County Commissioners c/o Diane Humphrey, Chair 309 W. 20 <sup>th</sup> Street Cheyenne, WY 82001	3. Service Type  Certified Mall Registered Return Receipt for Merchandise Insured Mail Restricted Delivery? (Extra Fee)  Yes No  No  Yes No  No  Yes No  No  Yes No  No  No  No  No  No  No  No  No  No
2. Article Number (Transfer from service label)	3410 0000 2596 7276
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
United States Postal, Service	First-Class Mail Postage & Fees Paid USPS Permit No, G-10

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Office of Enforcement

Compliance & Evironmer tal Justice

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**REGION 8** 

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