

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to: SEP 27 2017
#SDWA-08-2017-0038
Niobrara County Commissioners
c/o Richard A. Ladwig, Chair
P.O. Box 1238
Lusk, WY 82225



9590 9402 2761 6351 1025 50

2. Article Number (Transfer from service label)

7012 2210 0000 5369 3597

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Jim Sarek Addressee

B. Received by (Printed Name) *Janette* C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

420

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (0) | |