

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>E. Johnson</i></p>
<p>1. Article Addressed to: <i>DOLE #SDWA 08-2007-007</i></p> <p>Teton County Commissioners c/o Andy Schwartz, Chair P.O. Box 3594 Jackson, WY 83001</p>	<p>B. Received by (Printed Name) <i>E. JOHNSON</i></p> <p>C. Date of Delivery <i>8-27-07</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8ENF-W E AUG 22 2007</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>
<p>7005 1820 0005 4856 4818</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>AUG 22 2007</p>

