

PS Form 3811, February 2004
(Transfer from service label)

Domestic Return Receipt
7004 1350 0001 5668 8767

Albany County Commissioners
c/o Tim Sullivan, Chair
525 Grand Avenue, Room 210
Laramie, WY 82070

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.

1. Article Addressed to:

2. Article Number

3. Service Type
 Certified Mail
 Registered
 Insured Mail

4. Restricted Delivery? (Extra Fee)
 Yes
 No

5. Return Receipt for Merchandise
 C.O.D.
 Return Receipt for Merchandise

6. Signature
X *Tim Sullivan*

7. Received by (Printed Name)
Tim Sullivan

8. Date of Delivery
JUN 24 2009

9. Is delivery address different from item 1?
 Yes
 No

10. Restricted Delivery? (Extra Fee)
 Yes
 No

US EPA REGION 8
1595 Wynkoop Street
Denver, CO 80202-1129
3667
SDWA#1

ENF-070 Form

Office of Enforcement
Compliance & Environmental Justice

JUN 29 2009

Sender: Please print your name, address, and ZIP+4 in this box.

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



UNITED STATES POSTAL SERVICE WY 82070
24 JUN 2009 PM 1 1