

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:

N

SEP 27 2013

Crook County Commissioners
c/o Jim W. Hadley, Chair
P.O. Box 37
Sundance, WY 82729

2. Article Number

(Transfer from service label)

7004 1350 0001 5669 0098

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Linda J. K

Agent
 Addressee

B. Received by (Printed Name)

Linda J. K

C. Date of Delivery

9-30-13

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

SEP 30 2013
JM

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540