

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:

#SDWA-08-2017-0030 3 1 2017

Teton County Commissioners
c/o Mark Newcomb, Chair
P.O. Box 3594
Jackson, WY 83001

2. Article Number
(Transfer from service label)

7012 2210 0000 5369 3061

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *H Johnson* Agent

Addressee

B. Received by (Printed Name)

H JOHNSON

C. Date of Delivery

9-6-17

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

