SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: #SDWA-D8-2017-5035 SEP 2 2 2017 	A. Signature Agent Addressee B. Beceived by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Carbon County Commissioners c/o John Johnson, Chair P.O. Box 6 Rawlins, WY 82301	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7012 2210 0000 5369 3542	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
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. Article Addressed to: **SDWA-DB-JDIN-D035** SEP 2.2**	A. Signature A. Signature A. Signature Addressee B. Beceived by (Printed Name) C. Date of Delivery C. Date of Delivery
Ms. Melanie Fullman, Forest Supervisor Brush Creek/Hayden Ranger District Medicine Bow-Routt National Forests And Thunder Basin National Grassland 2171 Hwy 130, P.O Box 249 Saratoga, WY 82331	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	