

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:

Sheridan County Commissioners
 c/o Robert L. Rolston, Chairman
 224 S. Main Street, Suite B1
 Second Floor of Courthouse Addition
 Sheridan, WY 82801

JAN 14 2010

2. Article Number
(Transfer from service label)

7005 0390 0000 4848 6648

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Roger D. Calkins*

- Agent
 Addressee

B. Received by (Printed Name)

Roger D. Calkins

C. Date of Delivery

1/19/10

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

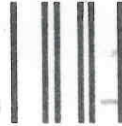
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

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

US EPA REGION 8
 1595 Wynkoop Street
 Denver CO 80202-1129

JAN 25 2010

Office of Enforcement
 Compliance & Environmental Justice

ENF-UFO

(new)

Suzanne
SDWA 08 2010 0010

Melinda