3410 0000 2594 2280	U.S. Postal Service Male RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
	OFFICIACHESE			
	Postag Certified Fe Return Receipt Fe (Endorsement Require Restricted Delive (Endorsement Rec	90	5 20 Postmark Here	
7009 3410	Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4	Amanda M. Yust Wycolo Properties 4039 State Highway 230, Laramie, WY 82070 DOCKET NO.: SDWA-6	08-2011-0052	
	PS Form 3800. Augu	st 2006	See Reverse for Instructions	

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 	A. Signature X. Matthew a Butley Agent Addressee	
 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. 	B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Amanda M. Yust Wycolo Properties 4039 State Highway 230, #8 Laramie, WY 82070	JUL 2 6 2011	
DOCKET NO.: SDWA-08-2011-0052	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
V	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article 7009 3410 0000 2594	2280 CA/FO	
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540	