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| 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: Source Water District Mr. Bart Bader, Registered Agent P.O. Box 662 | A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery 10 7 - 10 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail |
| | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| Thermopolis, WY 82443 | ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 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. | COMPLETE THIS SECTION ON DELIVERY A. Signature X Kaun Hitchens B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery |
| Hot Springs County Commissioners c/o John Lumley, Chair 415 Arapahoe Thermopolis, WY 82443 | 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7012 2210 0000 5367 7580 | |
| (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |
| F510III 0011, 105.00. | |