

**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: *ENT-W* *E*

Goshen County Commissioners  
 c/o Robert Ward, Chairman  
 2125 East A Street  
 Torrington, WY 82240

*Docket# SDWA-08-2008-0015*  
*JUL 14 2008*

2. Article Number  
(Transfer from service label)

7007 2560 0002 6445 2013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*x C Sussex*

- Agent
- Addressee

B. Received by (Printed Name)

*C Sussex*

C. Date of Delivery

*7-22-08*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes