

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Ryan Meering Former Barb's Conoco 201 N. Main Street Pavillion, WY 82523</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery SEP 02 2015</p>
<p>2. Article Number (Transfer from service label) 7013 3020 0000 6357 3518</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">DEQ Solid and Hazardous Waste Division</p>	
<p>OG</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

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<p>1. Article Addressed to: Welty Alta K Living Trust Welty's Service PO Box 306 Dubois, WY 82513</p>		<p>B. Received by (Printed Name) Frank A. Welty #4</p>	<p>C. Date of Delivery 9-2-15</p>
<p>2. Article Number (Transfer from service label) 7013 3020 0000 6357 3525</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">DEQ Solid and Hazardous Waste Division</p>	
<p>OG</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
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