

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>Ryan Meering Former Barb's Conoco 201 N. Main Street Pavillion, WY 82523</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 style="text-align: center;">SEP 02 2015</p>	
		<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label)</p> <p style="text-align: right;">OG</p>		<p>7013 3020 0000 6357 3518</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>Welty Alta K Living Trust Welty's Service PO Box 306 Dubois, WY 82513</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 style="text-align: center;">SEP 04 2015</p>	
		<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label)</p> <p style="text-align: right;">OG</p>		<p>7013 3020 0000 6357 3525</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	