

Signature Confirmation Signature Confirmation

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	X	☐ Agent
so that we can return the card to you.	B. Received by (Printed Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.		
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
DOUG WYNN-IDA 5391 COUNTY Rd 76		
2 27/ County 100 26		
Parla, Co. 81239		
Distriction of the control of the co	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 8516 3186 1942 11	☐ Certified Mail® ☐ Certified Mail Restricted Delivery	Delivery ☐ Signature Confirmation™
Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
	☐ Insured Mail	
7022 2410 0003 2936 16	06	
PS Form 3811, July 2020 PSN 7530-02-000-9053	D	omestic Return Receipt
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PS Form 3811, July 2020 PSN 7530-02-000-9053		
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or on the front if space permits. 1. Article Addressed to:	Mistycastillo	S S
	D. Is delivery address different from If YES, enter delivery address b	item 12 Yes.
Sune Williams	6/230	230 301
SUNMISON COUNTY PLANING DEP		-
Planning Director		
MANUAL DESIGNATION OF THE PROPERTY OF THE PROP	3. Service Type	Priority Mail France
100 March 1997 (1997) (☐ Adult Signature ☐ Adult Signature Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 8516 3186 1934 29	☐ Certified Mail®	Registered Mail Restricted Delivery
Article Number (Transfer from service label)	☐ Collect on Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation
, som dervice labely	☐ Insured Mail	Restricted Delivery
	☐ Insured Mail Restricted Delivery	