

7007 2560 0000 3987 9670

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
CRIPPLE CREEK CO 80813		
Postage	\$ 0.46	0662 03 Postmark Here
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	06/04/2013
Sent To <i>Teller County Board of Commissioners</i> Street, Apt. No., or PO Box No. <i>PO Box 959</i> City, State, ZIP+4 <i>Cripple Creek CO 80813</i>		
PS Form 3800, August 2006 See Reverse for Instructions		

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. 		A. Signature <i>[Signature]</i>	
1. Article Addressed to: <i>Teller County Board of Commissioners</i> <i>PO Box 959</i> <i>Cripple Creek CO 80813</i>		B. Received by (Printed Name) C. Date of Delivery <i>6/6/13</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>7007 2560 0000 3987 9670</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7007 2560 0000 3983 7168

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
OFFICIAL USE WOODLAND PARK CO 80866		
Postage	\$ 0.46	0662
Certified Fee	\$3.10	03
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	06/04/2013
Sent To: Teller Park Soil Conservation Dist. Street, Apt. No., or PO Box No. 800 Research Dr. Ste 110 City, State, ZIP+4 Woodland Park CO 80866		
PS Form 3800, August 2006 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X Patricia Galvin <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Teller Park Soil Conservation District 800 Research Dr. Ste 110 Woodland Park CO 80866		B. Received by (Printed Name) Patricia Galvin C. Date of Delivery 6-6-13	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 2560 0000 3983 7168	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	