	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
_	 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	i. everse	A. Signature A. Agent Addresse B. Received by (Printed Name) C. Date of Delivery L-/2 D. Is delivery address different from Item 1?	
	1. Article Addressed to: CUA-07-2007-0 Gerry Vernon City Administrator	080	If YES, enter delivery address below:	
	107 West. Main St. Smithville, Missouri 64089		3. Service Type Certified Mail	
-	Article Number (Transfer from service label)	7004 2	2510 0006 9725 0727	
	PS Form 3811, February 2004		eturn Receipt 102595-02-M-154	