

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

CWA-07-2012-0019

William Shirley
2 W. Jackson Ave.
P.O. Box 308
Iola, Kansas 66749

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pamela J Cooks* Agent Addressee

B. Received by (Printed Name)

Pamela J Cooks

C. Date of Delivery

11/5/12

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article #
(Transf.)

7010 2780 0001 2211 3489