

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:

CAA-07-2006-0250
City of Kirksville
Kirksville Water Treatment Plant
201 South Franklin Street
Kirksville, Missouri 63501
ATTN: Jack Schuster

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 8500

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bobby Van Laningham

Agent

Addressee

B. Received by (Printed Name)

Bobby VANLANINGHAM

C. Date of Delivery

1-25-07

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