

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-07-2012-0016
The Honorable Bob Scott, Mayor
City of Sioux City
PO Box 447
Sioux City, Iowa 51102

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

SCOTT EYLSTON

C. Date of Delivery

9/19/12

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
(Transit)

7006 2760 0000 8645 8797

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

