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:

GARY GAINES
DIRECTOR, SOUTHWEST REGIONAL
OFFICE
MISSOURI DEPARTMENT OF
NATURAL RESOURCES
2155 N. WESTWOOD BLVD.
POPLAR BLUFF, MO. 63901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Lamore ☒ Agent ☐ Addressee

B. Received by (Printed Name) K. Lamore
C. Date of Delivery 9-21-07

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

2. Article Number (Transfer from service label) 7001 0320 0004 5577 9680

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

KEVIN MOHAMMADI
CHIEF, WATER POLLUTION
COMPLIANCE & ENFORCEMENT
SECTION
MISSOURI DEPARTMENT OF
NATURAL RESOURCES
P.O. BOX 176
JEFFERSON CITY, MO. 65102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Greg Dunbatter ☒ Agent ☐ Addressee

B. Received by (Printed Name) SEP 24 2007
C. Date of Delivery

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 Number (Transfer from service label) 7001 0320 0004 5577 9673

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

THE HONORALBE KAREN YATES
MAYOR, CITY OF
FREDERICKTOWN
124 W. MAIN
FREDERICKTOWN, MISSOURI
63645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [illegible] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. STEVENS
C. Date of Delivery 9-24-07

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
P.O. Box 540
FREDERICKTOWN MO
63645

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 Number (Transfer from service lab 7001 0320 0004 5577 9666

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540