

**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-07-2009-0002  
Karol Lohman, General Manager  
123 N. River Street  
St. Francis, Kansas 67756

2. Article Number

(Transfer from service)

7006 2760 0000 8650 9895

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Charles M. Graves  Agent  
 Addressee

B. Received by (Printed Name)  
CHARLES M. GRAVES

C. Date of Delivery  
4-10-09

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