

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-07-2009-0026
William R. Johnson
Director of Administration
City of Fulton, Missouri
2101 Power Drive
Fulton, Missouri 65251

2. Article #
(Transfer)

7006 2760 0000 8648 6844

COMPLETE THIS SECTION ON DELIVERY

A. Signature *James Clearman* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-4

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