


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/>  <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.5em; margin-left: 20px;">CWA-07-2009-0049</p> <p>Gordon Bernice Corporate Safety & Environmental CenturyTel 118 Walnut West Plains, Missouri 65775</p>	<p>B. Received by (Printed Name)</p> <p>FRANCIS KOELLE</p>	<p>C. Date of Delivery</p> <p>6-19-09</p>
<p>2. Article Numl (Transfer fro)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		