

**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:

SDWA-01-2011-0031  
Ms. Jo Ann Pouch  
Osage County RWD #3  
2850 E 229th Street  
P.O. Box 85  
Vassar, Kansas 66543

2. Article Number

(Transfer from service label)

7006 2760 0000 8645 2702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Charles Overbaugh

Agent

Addressee

B. Received by (Printed Name)

CHARLES OVERBAUGH

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