

**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-07-2007-0055*  
 Dr. Thomas Engle, Ph.D.  
 Executive Director  
 Duckett Creek Sanitary District  
 3550 Highway K  
 O'Fallon, Missouri 63368-8384

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *K R Meyer*  Agent  
 Addressee

B. Received by (Printed Name) *K Meyer* C. Date of Delivery *10-1-07*

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 to) *7004 2510 0006 9720 3075*