

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

7009 3410 0000 2595 5723

Postage \$		12/19/2012 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	Reed Schwartzkopf, City Engineer Jamestown Water Treatment Plant City of Jamestown Sent To 102 3 <sup>RD</sup> Avenue SE Street, A or PO Box City, Sta. Jamestown, ND 58401	

PS Form 3800, August 2006

See Reverse for Instructions

**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:

Reed Schwartzkopf, City Engineer  
 Jamestown Water Treatment Plant  
 City of Jamestown  
 102 3<sup>RD</sup> Avenue SE  
 Jamestown, ND 58401

I DEC 20 2012

2. Article Number  
 (Transf

7009 3410 0000 2595 5723

CAIRO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 P. Koennis  Addressee

B. Received by (Printed Name)  
 P. Koennis

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