

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-07-2011-0004

Mr. Keith Smith
City of La Cygne
206 Commercial
P.O. Box 600
La Cygne, Kansas 66040

2. Article (Transf) 7006 2760 0000 8645 2474

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Handwritten Signature]

B. Received by (Printed Name) C. Date of Delivery
 GARY D. MAHON 12-21-10

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