

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:

SOWA-07-2011-0007
MR. Marion Page
Neosho County RWD #2
118 W Main
P.O. Box 35
Stark, Kansas 66775

2. Article Number

(Transfer from service label)

7006 2760 0000 8645 2696

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Marion Page

Agent

Addressee

B. Received by (Printed Name)

Marion J Page

C. Date of Delivery

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