

**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-07-2011-0019

Mr. Tim Bogner

Labette County RWD #5

P.O. Box 129

Altamont, Kansas 67330

2. Article Number

*(Transfer from service label)*

7006 2760 0000 8645 2634

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Libby A. Ball* Agent Addressee

B. Received by (Printed Name)

*Libby A. Ball*

C. Date of Delivery

*12-21-10*D. Is delivery address different from item 1?  YesIf 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