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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signeture Agent A. Agent Agent B. Received by (Printed Name) C. Date of Deliver Addresse D. Is delivery address different from item 17 Yes
	CAA-07-2009-0015	If YES, enter delivery address below: D No
	James G. Bradley Director of Utilities Ottawa Water Treatment Plant 301 Beech	3. Service Type Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	Ottawa, Kansas 66067       2. Article Number       70.01	4. Restricted Delivery? (Extra Fee)
	(Transfer from s 7006 2760 0000	
	PS Form 3811, February 2004 Domestic R	ieturn Receipt 102595-02-M-154

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