

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> ■ 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. | A. Signature <i>X Gannie Greiner</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | B. Received by (Printed Name) | C. Date of Delivery <i>9/10/07</i> |
| 1. Article Addressed to: <i>CWA-07-2007-0088</i> DENNIS OSTWINKLE IOWA DEPARTMENT OF NATURAL RESOURCES 1023 W MADISON WASHINGTON, IOWA 52353-1632 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | <i>7004 2510 0006 9719 8920</i> | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> ■ 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. | A. Signature <i>X Diane Fry</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | B. Received by (Printed Name) | C. Date of Delivery <i>9/10/07</i> |
| 1. Article Addressed to: <i>CWA-07-2007-0088</i> THE HONORABLE RICHARD O'BRIEN MAYOR, CITY OF MUSCATINE 215 SYCAMORE STREET MUSCATINE, IOWA 52761 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | <i>7004 2510 0006 9719 8913</i> | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |