

**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-07-2011-0027

Mr. Gregory Winn  
City of Florence  
511 N Main  
Florence, Kansas 66851

2. Article Number

(Transfer from service label)

7006 2760 0000 8645 2443

PS Form 3811, February 2004

Domestic Return Receipt

102905-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Krist Carney*  Agent  Addressee

B. Received by (Printed Name)

Krist Carney

C. Date of Delivery

12-10

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