

7004 2510 0006 9722 1468

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Post: _____

Postmark Here
MAR 25 2005

Sent To
 The Honorable Steve Ireland
 Mayor, City of Fort Madison
 811 Avenue E
 Fort Madison, Iowa 52627

Street, Apt. 1 or PO Box #
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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:

The Honorable Steve Ireland
 Mayor, City of Fort Madison
 811 Avenue E
 Fort Madison, Iowa 52627

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Paul Bucana* Agent Addressee

B. Received by (Printed Name) *IB* C. Date of Delivery *3-27-05*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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