

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-07-2011-0010

Mr. Craig Meader
City of Waverly
216 Pearson Avenue
P.O. Box 308
Waverly, Kansas 66871

2. Article N
(Transfer)

7006 2760 0000 8645 2566

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Georgia Masten

Agent

Addressee

B. Received by (Printed Name)

Georgia Masten

C. Date of Delivery

12/21/10

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