

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:

CWA-07-2009-0103

Mayor Chad Jackson
 City of Maryville, Missouri
 415 North Market Street
 Maryville, Missouri 64468

2. Article Number

(Transfer from service lab)

7006 2760 0000 8648 6257

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Pam Myers

 Agent Addressee

B. Received by (Printed Name)

Pam Myers

C. Date of Delivery

9-30-09

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