SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  #SDWA-08-2014-0034  Mr. Rusty Christensen	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Mr. Roger Squire  Custer County Road & Bridge  P.O. Box 1669  Westcliffe, CO 81252	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7009 3410 0000 2596 5753 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540