

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Sinda Burman</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 40px;"><i>CAA-07-2008-0020</i></p> <p>Ms Brenda G Herrman  Director of Public Works  City of Hays, Public Works Department  1002 Vine Street  Hays, Kansas 67601</p>	<p>B. Received by (Printed Name)      C. Date of Delivery  <i>Linda Bixenman</i>      <i>5-7-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  (Transfer from service)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>7004 2510 0006 9722 2564</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	