		Çesi s a restata
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 	i. everse	A. Signature X
Article Addressed to:		If YES, enter delivery address below:
Mr. Dennis Ostwinkle		
Iowa Department of Natural) [[
Resources		
1023 West Madison		3. Service Type
Washington, IA 52353-1623		Certified Mail Registered Return Receipt for Merchandise C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7006	2760 0000 8652 9565
PS Form 3811, February 2004	Domestic I	Return Receipt 102595-02-M-1540

95 65	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
35	For delivery information visit our website at www.usps.com				
	OFFICIAL US	gram Street			
8652	Postage \$				
0000	Certified Fee Postma	rk			
	Return Receipt Fee (Endorsement Required)				
	Hestricted Delivery Fee 1				
<u> </u>	Mr. Dennis Ostwinkle				
2760	Total! Iowa Department of Natural				
	D. D.				
7006	Street, 1023 West Madison				
7	or POE City, St. Washington, IA 52353-1623				
,	PS Form 3800 August 2006 See Reverse fo	r Instructions			