

**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-07-2010-0054**  
 The Honorable Roger Manser, Mayor  
 City of Chariton  
 115 South Main Street  
 Chariton, Iowa 50049

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ruth A. Ryan*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 \_\_\_\_\_ **3-18-11**

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

Article Number (Transfer from) **7006 2760 0000 8645 3099**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:  
**CWA-07-2010-0056**  
*Ted Petersen*  
 James Stricker, Supervisor  
 IDNR Field Office #5  
 401 SW 7<sup>th</sup>, Suite **I**  
 Des Moines, Iowa 50309 **(4611)**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Tracey Lutz*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
*Tracey Lutz* **3/18/11**

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

2. Article Number (Transfer from serial) **7006 2760 0000 8645 3129**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to:  
**CWA-07-2010-0056**  
 Dennis Ostwinkle, Supervisor  
 IDNR Field Office #6  
 1023 West Madison Street  
 Washington, Iowa 52353-1623

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Ruth Peterson*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 \_\_\_\_\_ **3-18-11**

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

2. Article (Transfer) **7006 2760 0000 8645 3112**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540