	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.	Syduse Routered 19114
	John Calhoun, Chariman River Raisin Watershed Council 320 Springbrook Ave. Suite 102 Adrian, MI 49221	D. Is delivery address different from item 12
	2. Article Number (Transfer from service label) 7 🗆 🗈 🖰	3230 0000 9452 2489
	PS Form 3811, February 2004 Domesti	ic Return Receipt 102595-02-M-1540