

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:

CAA-07-2009-0019

Mr. John Kaufman
Leavenworth Water Department
601 Cherokee Street
Leavenworth, Kansas 66048

2. Article Number
(Transfer from se)

7004 2510 0006 9726 3710

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *John Diddle*

- Agent
 Addressee

B. Received by (Printed Name)

Shari Diddle

C. Date of Delivery

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