

**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:

Gary Gaines, Director  
 Southeast Region  
 MDNR  
 2155 N. Westwood Blvd.  
 Poplar Bluff, MO 63901

CWA-07-2007-0080

2. Article Number

(Transfer from service label)

7004 2510 0006 9725 0620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *K. Larnse*  
 B. Received by (Printed Name) C. Date of Delivery  
 K. Larnse 9-7-07  
 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

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Honorable Leonard Armstrong  
 Mayor, City of Bourbon  
 P.O. Box 164  
 Bourbon, MO 65441

CWA-07-2007-0080

2. Article Number

(Transfer from service label)

7004 2510 0006 9725 0604

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Leonard Armstrong*  
 B. Received by (Printed Name) C. Date of Delivery  
 Leonard Armstrong 9-7-07  
 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

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1. Article Addressed to:

Kevin Mohammadi  
 MDNR  
 P.O. Box 176  
 Jefferson City, MO 65102

CWA-07-2007-0080

2. Article Number

(Transfer from service label)

7004 2510 0006 9725 0611

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Lance Clingman*  
 B. Received by (Printed Name) C. Date of Delivery  
 Lance Clingman  
 SEP 19 2007  
 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