

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <i>Christina Weber</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>CAA-01-2008-0018</i></p> <p>Mr. Paul Shaw Water and Wastewater Manager City of Caruthersville 200 West 3rd Street Caruthersville, Missouri 63830</p>		<p>B. Received by (Printed Name) <i>Christina Weber</i> C. Date of Delivery <i>4/22/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Numb (Transfer from) <i>7004 2510 0006 9722 2472</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p><i>CAA-07-2008-0018</i></p> <p>The Honorable Diane Sayre Mayor of Caruthersville 200 West 3rd Street Caruthersville, Missouri 63830</p>		<p>B. Received by (Printed Name) <i>Christina Weber</i> C. Date of Delivery <i>4-21-08</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from se) <i>7004 2510 0006 9722 2489</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
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