

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:

SDWA-07-2011-0014
Ms. Rhonda Hyman
City of Smith Center
119 W. Court
Smith Center, Kansas 66967

2. Article Nu
(Transfer to) 7006 2760 0000 8645 2542

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Rhonda Hyman Addressee

B. Received by (Printed Name) C. Date of Delivery
Rhonda Hyman 12-21-10

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