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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature X. Hannah Brawn Addressee B. Received by (Printed Name) C. Date of Delivery Hannah Brawn D. Is delivery address different from Item 1? Yes
	1. Article Addressed to:	If YES, enter delivery address below:
	Pierce Township Board c/o Larry Curnutt, G. Steve Willard, & George Beltz, Board Members 19506 Highway Y Willow Springs, MO 65793	
		3. Service Type     Certified Mall     Express Mall     Registered     Return Receipt for Merchand
		4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 70[	14 2510 0006 9723 6646
	PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540