

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Sherry Smith</i></p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Agent <i>Sherry Smith</i> C. Date of Delivery <input type="checkbox"/> Addressee <i>12/21/10</i></p>
<p>1. Article Addressed to:</p> <p><i>SOWA-07-2011-0011</i> Mr. Michael Slobodnik City of Alma 326 Missouri P.O. Box 444 Alma, Kansas 66401</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article N <i>7006 2760 0000 8645 2429</i> (<i>Transfer</i>)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	