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:  Ms. Tricia Culbertson	A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Beceived by (Printed Name)  C. Date of Delivery  RICIA  D. Is delivery address different from Item 17  Ves  If YES, enter delivery address below:	
Miami County RWD #3 35680 Plum Creek Road P.O. Box 35 Osawatomie, Kansas 66064	3. Service Type    State   Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes	
2. Action Number	0000 8645 2665	· ·
PS Form 3811, February 2004 Domestic Retu	ım Receipt 102595-02-M-1540	