

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

The Honorable K. Aipperspach, Mayor
City of Ronan
207 Main Street, SW, Suite A
Ronan, MT 59864

F
SEP 09 2019

CWA-08-2019-0007
CWA-08-2019-0008



9590 9402 5037 9092 7580 87

PS Form 3811, July 2015 PSN 7530-02-000-9053

7009 3410 0000 2596 1663

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kaylene Melton* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Kaylene Melton *9/12/19*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®