

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

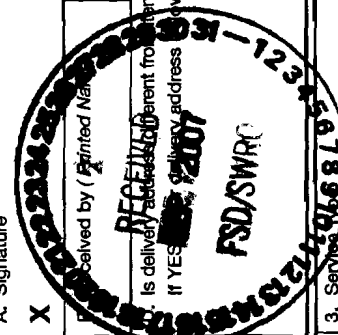
102595-02-M-1540

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:
 CINDY DAVIES, DIRECTOR
 SOUTHEAST REGIONAL OFFICE
 MISSOURI DEPARTMENT OF
 NATURAL RESOURCES
 2040 WOODLAND
 SPRINGFIELD, MISSOURI
 65807-5912

2. Article Number (Transfer from service label) 7004 2510 0006 9720 5758
 PS Form 3811, February 2004 Domestic Return Receipt



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:
 THE HONORABLE JERRY HARDESTY
 MAYOR, CITY OF BUFFALO
 102 NORTH POLAR
 P.O. BOX 410
 BUFFALO, MISSOURI 65622

2. Article Number (Transfer from service label) 7004 2510 0006 9720 5741
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

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:
 KEVIN MOHAMMADI, CHIEF
 WATER POLLUTION COMPLIANCE
 & ENFORCEMENT SECTION
 MISSOURI DEPT. OF NATURAL
 RESOURCES
 P.O. BOX 176
 JEFFERSON CITY, MISSOURI
 65102

2. Article Number (Transfer from service label) 7004 2510 0006 9720 5765
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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