SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery
1 Article Addressed to 2007-0116 CWA-07-2009-0117	D. Is delivery address different from Item 1?
Janlyn Nesbett-Tucker, CEO City of Topeka 201 North Kansas Topeka, Kansas 66603	3. Şervice Type Cartified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
Topoxa,	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Ar 7006 2760 0000 8647	
S Form 3811, February 2004 Domestic	90L 102595-02-M-1540

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