

COMPLETE THIS SECTION

Steps 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse. Return the card to you. Forward to the back of the mailpiece, if space permits.

Delivered to:

William
Division Superintendent
Treatment Plant, City of North Bend

Post Lane
Oregon 97459

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rose Libbett

Agent

Addressee

B. Received by (Printed Name)

Rose Libbett

C. Date of Delivery

4-10-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

(Service label)

7014 1200 0001 4320 8346

July 2013

Domestic Return Receipt