

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:

CWA-07-2007-0037
Tim Schook
City Administrator
Washington Municipal Power Plant
1001 Park Road
Washington, Kansas 66968

2. Article Number
(Transfer from service label)

7004 2510 0006 9720 7189

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Colleen Hillger Addressee

B. Received by (Printed Name) C. Date of Delivery
Colleen Hillger *8/8/07*

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