

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-07-2007-0069

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

2. Article Number
(Transfer from se)

7004 2510 0006 9719 8890

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

CWA-07-2007-0069

THE HONORABLE GENE FLOYD
 MAYOR, CITY OF EL DORADO SPRINGS
 127 WEST SPRING STREET
 EL DORADO SPRINGS, MISSOURI 64744

2. Article Number

(Transfer from service lat)

7004 2510 0006 9719 8906

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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