

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Caroline Dose</i>
1. Article Addressed to: <p style="text-align: center; font-size: 1.2em;">CAA-07-2007-0044</p> <p>Don Willis, Director of Operations City of Hannibal Board of Public Works 3 Industrial Loop Drive Hannibal, Missouri 63401</p>	B. Received by (Printed Name) C. Date of Delivery <i>Caroline Dose</i> 2-2-07
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
7004 2510 0006 9719 8562	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes