

**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-08-2015-DD17 *Al*

**The Honorable Greg Norgaard, Mayor  
City of Poplar  
406 2<sup>nd</sup> Avenue West  
Poplar, MT 59255**

2. Article Number

(Transfer from service label)

7008 3230 0003 0724 6393

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/16/15

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

JUN 09 2015

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3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes