

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:

#SDWA-08-2014-0002

Chris Kukulski
City Manager
City of Bozeman
P.O. Box 1230
Bozeman, MT 59771

NOV 20 2015

CP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bret Roth Agent Addressee

B. Received by (*Printed Name*) Bret Roth C. Date of Delivery 11/24/15

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

2. Article Number
(*Transfer from service label*)

7009 3410 0000 2600 9524