

**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-07-2011-0026

Mr. Marty Fredrickson  
 City of Marion  
 208 E Santa Fe  
 Marion, Kansas 66861

2. Article N  
(Transfer)

7006 2760 0000 8645 2498

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Diana Costello*  Agent  
 Addressee

B. Received by (Printed Name)

DIANA COSTELLO

C. Date of Delivery

12-21

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