

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-07-2011-0002
Mr. John Provorse
Butler County RWD #4
11056 SW Shumway Road
P.O. Box 485
Augusta, Kansas 67010

2. Article Number
(Transfer from ser)

7006 2760 0000 8645 2603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name) *Debra Torgin* C. Date of Delivery *12-23-10*

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