SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 A. C. Date of Delivery A. C. Date of Delivery A. D. C. Date of Delivery A. Signature A. Signatur
1. Article Addressed to: SOWA-07-2011-0016 Mr. Ron Ellis	D. Is delivery address different from item 1?
City of Leroy 713 Main Street P.O. Box 356 Leroy, Kansas 66857-0356	3. Service Type Certified Mail
2. Arti (Tra. 7006 2760 0000 8645 i	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-15-