ENDER: 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	A. Signature X. Sutto A. Ayun Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. Article Addressed to:	D. Is delivery address different from item 1?
WA-07-2010-0056	II TES, enter delivery address below.
The Honorable Roger Manser, Mayo	
City of Chariton 115 South Main Street Chariton, Iowa 50049	3. Service Type 2. Certified Mail
	4. Restricted Delivery? (Extra Fee)
(Transfer frc 7006 2760 0000 8	
Form 3811, February 2004 Domestic Re	tturn Receipt 102595-02-M-1540
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X Agent Addresses
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 mailplece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
WA-07-2010 <i>0056</i>	
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James Stricker Juneryson	
James Stricker, Supervisor IDNR Field Office #5	3. Service Type Griffed Mall
IDNR Field Office #5 401 SW 7 th , Suite	☐ Registered ☐ Return Receipt for Merchandise
IDNR Field Office #5	Griffied Mail
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 (4611) Article Number 7005 2750 0000	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 (461) Article Number 7006 2760 0000	Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 (461) Article Number 7006 2760 0000	Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 (461) Article Number 7006 2760 0000	Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number 7005 2750 0000 Form 3811, February 2004 Domestic Reserved.	COMPLETE THIS SECTION ON DELIVERY
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se	Contified Mail
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se	Contified Mail
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se 7005 2750 0000 S Form 3811, February 2004 Domestic Re ENDER: 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.	Contified Mail
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se S Form 3811, February 2004 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.	Contified Mail
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se S Form 3811, February 2004 Domestic Re ENDER: 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. Article Addressed to: WA-O7-2010-0056 Dennis Ostwinkle, Supervisor	Complete this section on Delivery A. Signature B. Received by (Printed Name) C. Date of Delivery A delivery address different from Item 1? D. Is delivery address below: Content of Merchandise Return Receipt for Merchandise Agent Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3-18-11 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se S Form 3811, February 2004 Domestic Re ENDER: 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. Article Addressed to: WA-07-2010-0056 Dennis Ostwinkle, Supervisor IDNR Field Office #6	Contified Mail
IDNR Field Office #5 401 SW 7 th , Suite Des Moines, Iowa 50309 Article Number (Transfer from se S Form 3811, February 2004 Domestic Re ENDER: 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. Article Addressed to: WA-O7-2010-0056 Dennis Ostwinkle, Supervisor	Confidence Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes ### Thurn Receipt 102595-02-M-1540 ### COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee ### B. Received by (Printed Name) C. Date of Delivery 3-1 8-1/ D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540