	<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	COMPLETE THIS SECTION ON DELIVERY         A. Signature         X       Agent         Addressee         B. Beceived by (Printed Name)         C. Date of Delivery         D Pain P
	1. Article Addressed to: CAA-07-2007-0022 Mr. Reg Jones Director of Public Works	<ul> <li>D. Is delivery address different from item 1? □ Yes</li> <li>If YES, enter delivery address below: □ No</li> </ul>
	City of Hutchinson P.O. Box 1567 Hutchinson, Kansas 67504	3. Service Type         Certified Mail       Express Mall         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.         4. Restricted Delivery? (Extra Fee)       Yes
	2. Article Number (Transfer from service7004 2510 0         PS Form 3811, February 2004    Domestic Res	100Ь 9720 9190 turn Receipt 102595-02-М-1540
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