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.  1. Article Addressed to:	A. Signature  X. Mun. J. Mun. D. Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  L. Mun. J. Mus.  P. Is delivery address different from Item 1? Z. Yes  If YES, enter delivery address Delivery  OFC.  A. Signature  D. A. Agent  D. A. Addressee  A. A
Water/Wastewater Superintendent Mission Water Treatment Plant 8029 Southwest 24 <sup>th</sup> Street Newton, Kansas 67114	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
2. Article Number (Transfer from service labe 7004 2510	4. Restricted Delivery? (Extra Fee)
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