| 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: Ada Brehe Krueger | A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Prosecuting Attorney | 3. Service Type ☐ Certified Mall ☐ Express Mall |
| Gasconade County 119 E. 1st Street, Room 2 | Registered Return Receipt for Merchandise |
| Hermann, Missouri 65041 | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7004 2510 0001 | 9719 8104 |
| PS Form 3811, February 2004 Domestic Retail | urn Receipt 102595-02-M-1540 |

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