	,							Print your name and address of so that we can return the card Attach this card to the back of or on the front if space permits Article Addressed to:
PS Form 3811, February 2004	Article Number (Transfer from service label)	Washington, IA 52353-1623	Dennis Ostwinkle, Supervisor IDNR Field Office #6	1. Article Addressed to:	 Complete terms 1, 2, and 3, Association 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. 	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers 	SENDER: COMPLETE THIS SECTION	The Honorable John Br City of Chariton 115 South Main Street Chariton, IA 50049
2004	,	2353-1	Superv #6		he card to back of the permits.	nd 3. Also ivery is de idress on	HIS SEC	Article Number (Transfer from service label) PS Form 3811, February 2004
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um Receipt	60 0000	3. Service Type Registere Registere Insured N		D. Is deliv		A. Signatur	COMPLE	 Print your name and address of so that we can return the card Attach this card to the back of or on the front if space permits
	8652	Wall d fall elivery/		Is delivery address different from item 1? If YES, enter delivery address below:	Received by (Pfinjed Naple	ment de	COMPLETE THIS SECTION ON DELIVERY	Jim Stricker, Supervisor IDNR Field Office #5
102	3761	□ Express Mali ☑(Return Receipt for Merchandise □ C.O.D. (Extra Fee) □ Yes			800		ON DELIVERY	401 SW 7th, Suite 1 Des Moines, IA 50309
02595-02 -M- 1540		Verchandise		□ C 8	Date of Delivery	Ma Agent ☐ Addressee		Article Number (Transfer from service labe, PS Form 3811, February 2004
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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. Article Addressed to: 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery						
The Honorable John Braida, Mayor City of Chariton 115 South Main Street Chariton, IA 50049	3. Service Type Control Mail						
	☐ Insured Mail ☐ C.O.D.						
	4. Restricted Delivery? (Extra Fee)						
2. Article Number 700L (Transfer from service label)	2760 0000 8652 3754						
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540							
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. Article Addressed to: Jim Stricker, Supervisor IDNR Field Office #5 	A. Signature X Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:						
401 CM 741 C '4 1							
401 SW 7th, Suite 1 Des Moines, IA 50309	3. Service Type SQ Certified Mail						
Des Moines, IA 50309	Certified Mail						
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