

SENDER: 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.

1. Article Addressed to:

SDWA-07-2011-0012

Mr. Robert Groenke

City of St. Paul

703 Central

P.O. Box 311

St. Paul, Kansas 66771

2. Article Number

(Transfer from :

7006 2760 0000 8645 2559

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Alice Coomes Agent Addressee

B. Received by (Printed Name)

Alice Coomes

C. Date of Delivery

12-21-10

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes