| 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. | A. Signature X. C. Address B. Received by (Printed Name) C. Date of Delivery address different from item 17 Yes If YES, enter delivery address below: |
| Article Addressed to: | |
| CWA-07-2007-0083 Norton N Bonaparte, Jr. City Manager | JAN 0 4 2008 |
| City of Topeka 620 SE Madison, 2 nd Floor Topeka, Kansas 66607 | 3. Service Type Certified Mail |
| , · · · · | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article 1 7004 2510 0006 | 9720 3525 |
| | c Return Receipt 102595-02-M |