

**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:  
CAA/EPKA/CSKLA-  
07-2007-0041  
Mr. Martin Lamberti  
Director of General Services  
Des Moines Water Works  
2201 George Flagg Parkway  
Des Moines, Iowa 50321

2. Article Number  
(Transfer from service tag)

7004 2510 0006 9720 7127

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
LOUIS GALT 7/23/07

D. Is delivery address different from Item 1?  Yes  
If 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