SENDER: COMPLETE THIS SECTION	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  D. L. Signature  Agent  Addressee  C. Date of Delivery  8/3///0
Article Addressed to:	D. Is delivery address different from Item 1?  If YES, enter delivery address below:  No
The Honorable Danny Kemp City of Fredericktown, Missouri P.O. Box 549 124 West Main Street	3: Service Type Certified Mail
Fredericktown, Missouri 63645	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 00	100 8646 5886
PS Form 3811, February 2004 Domestic Re	turn Receipt 1025\$5-02-W-1540

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