

**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:  
  
**Cynthia Davies, Director**  
 Southwest Regional Office  
 Missouri Dept. Of Natural Resources  
 2040 West Woodland  
 Springfield, MO 65807

**COMPLETE THIS SECTION ON DELIVERY**

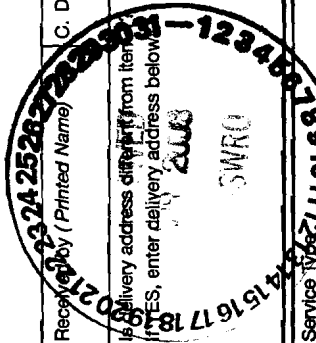
A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number (Transfer from service label) **7006 2760 0000 8650 0274**

PS Form **3811**, February 2004 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to:  
  
**Kevin Mohammadi, Chief**  
 Water Pollution Compliance & Enforcement Section  
 Missouri Dept. Of Natural Resources  
 PO Box 176  
 Jefferson City, MO 65102

**COMPLETE THIS SECTION ON DELIVERY**

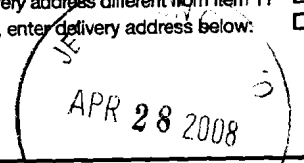
A. Signature  Agent  Addressee

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 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number (Transfer from service label) **7006 2760 0000 8650 0281**

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1. Article Addressed to:  
  
**The Honorable Stan Hale**  
 Mayor, City of Clever  
 P.O. Box 52  
 Clever, MO 65631

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0000 8650 0267**

PS Form **3811**, February 2004 Domestic Return Receipt 102595-02-M-1540