	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.  1. Article Addressed to:  Mr. Ronald Furnas  Montgomery County RWD #4  428 W Summit  Sycamore, Kansas 67363	A. Signature  X. Pan Junas  B. Received by (Printed Name)  C. Date of Delivery    2 - 21 -   0    D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
		3. Service Type  Li Certified Mall  Registered  Insured Mall  C.O.D.
		4. Restricted Delivery? (Extra Fee)
	2. Article Number 7006 2760 0000	8645 2689
	PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

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