

**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-07-2007-0039**  
Garry Turner, WP Superintendent  
City of Olathe  
Municipal Services  
1385 S. Robinson  
Olathe, Kansas 66061

2. Article Number  
*(Transfer from service)* **7004 2510 0006 9720 7240**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Ruth Majumdar*  Addressee

B. Received by (*Printed Name*) C. Date of Delivery  
*Ruth Majumdar* *2/1/04*

D. Is delivery address different from item 1?  Yes  No  
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