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:

The Honorable Mark Warner
Mayor, City of Portage des Sioux
P.O. Box 108
Portage des Sioux, MO 63373

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Suzie A. Cissell ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* SUZIE A CISSELL
C. Date of Delivery 4/8/10

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

2. Article Number
(Transfer from service label) 7002 0860 0006 5958 3924

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