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	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 mailplece, or on the front if space permits. 	A. Signature X. Agent B. Beceived by (Printed Name) C. Date of Delivery C. Date of Delivery	
	1. Article Addressed to: CAA -07 - 2007 - 003(Mr. Tim Nyander Superintendent of Wastewater Treatment	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
	City of Joplin 303 East Third Street c/o TCWWTP Joplin, Missouri 64802	3. Service Type Certified Mali Express Mali Registered Return Receipt for Merchandise Insured Mali C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	
	2. Article Numb 7004 2510 0006	0120 סבנל 1972	
	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	
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