

**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:

SDWA-07-2011-0029

Mr. Ralph Wise  
 City of Russell  
 133 W 8th Street  
 P.O. Box 112  
 Russell, Kansas 67665-0112

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Tracy L Daugherty*  Agent  
 Addressee

B. Received by (Printed Name)

Tracy L Daugherty

C. Date of Delivery

12-22-10

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 fr.

7006 2760 0000 8645 2535