

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:

Hon Norotny, Chairman
BARROW County Solid Waste
BARROW County Waste to Energy
575 10 1/2 Avenue
Almena, Wisconsin 54805-0008
CAA-05-2008-0033

2. Article Number
(Transfer from service label)

7001 0320 0006 1447 9826

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PLACE STICKER AT TOP OR BOTTOM OF THE FRONT

102595-01-M-1424

Domestic Return Receipt