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 mailpiece, or on the front if space permits. 1. Article Addressed to: CWA-07-2010-0007 	A. Signature X. Markette Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3. 18-10 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
The Honorable Chad W. Thomas, Mayor City of West Liberty 409 North Calhoun Street West Liberty, Iowa 52776	3. Service Type Scentified Mall Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0000 8647 6944	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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