

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. 	A. Signature X Agent Address: B. Receive by Prinjed Name) C. Date of Delivery address different from item 12 Ves
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Blue Lagoon Sewer Corp. Legal Department 17805 Bluffview Drive Center, MO 63436	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 1940	0002 6942 6546
PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-02-M-1

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