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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 mailpiece, or on the front if space permits.		5C-13-0332 12-14 A. Signature ☒ Agent <i>Jill Genes</i> ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Jill Genes</i> <i>12/17/12</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: West 16th Street Sewer Company, Inc. 2111 W. Broadway St. Sedalia, Missouri 65301		Mail ☐ Express Mail d ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7008 2810 0001 2932 8522			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540