

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpied or on the front if space permits.</li> </ul>	e, B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 17 \( \textstyle \) Yes  If YES, enter delivery address below: \( \textstyle \) No
Aquila, Inc. Denny Williams	,
20 West 9 <sup>th</sup> St.  Mail Stop 8-170  Kansas City, MO 64105	3. Service Type   Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	6 0390 0003 2886 3305
PS Form 3811, February 2004 Dom	nestic Return Receipt 102595-02-M-1540