

	WC-06-423 5/4/06
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. Article Addressed to: 	A. Signature X B. Multice Min. Addresse B. Received by (Printed Name) C. Date of Deliver BERNO INE THOMAS 5-10-00 D. is delivery address different from Item 17 If YES, enter delivery address below: No
Evergreen Lake Water Company	11
Legal Department	3. Service Type
P.O. Box 138	Certified Mail
Cedar Hill, MO 63016	Registered Return Receipt for Merchandise Insured Mail C.O.D.
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 03	0100 2881 3010
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15-