<u>.</u>	
SENDER COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <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 mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Signature  A Signature  A Agent  Addressee  B Received by (Printed Name)  C. Date of Delivery  7.26.05  D. Is delivery address different from item 1? Yes
Mr. William Mitchell Osage Water Company	If YES, enter delivery address below:
P.O. Box 650 Sunrise Beach, MO 65079	3. Service Type
2. Article Number 7003 31.	
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540