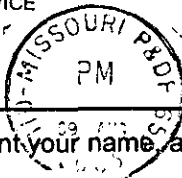


WC-06-64 8/5

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul style="list-style-type: none">■ 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.	<table border="1"><tr><td data-bbox="526 576 877 657">A. Signature <i>Debra Williams</i></td><td data-bbox="877 576 1053 657"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td data-bbox="526 657 877 722">B. Received by (Printed Name) <i>Debra J. Williams</i></td><td data-bbox="877 657 1053 722">C. Date of Delivery <i>8-9-05</i></td></tr></table>	A. Signature <i>Debra Williams</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Debra J. Williams</i>	C. Date of Delivery <i>8-9-05</i>
A. Signature <i>Debra Williams</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee				
B. Received by (Printed Name) <i>Debra J. Williams</i>	C. Date of Delivery <i>8-9-05</i>				
<p>1. Article Addressed to:</p> <p>Osage Water Company P.O. Box 650 Sunrise Beach, MO 65079</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>				

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