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. 	A. Signature Algent Addressee B. Raceived by (Printed Name) C. Date of Delivery C. Date of Delivery S. C. Date of Delivery
1. Article Addressed to: Splin L. Ball, Mayor P.D. BOX 237 ROAMLY Shows, A. 44084	D. Is delivery address different from Item 1?
44084	3. Service Type Se
. 6	☐ Insured Mail ☐ E.S.D.
09-1044-WW-A1R	Insured Mell C.O.D. O
09-1044-WW-AIR 7007 2680 0001 0491 8306	4. Restricted Delivery? (Extra Fee) Yes