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 mailplece, or on the front if space permits. 	A Signature A Signature A Signature Manual Addressee B Heeeved by (Printed Name) C. Date of Delivery C. Date of Delivery D UNUM 6-D07
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Suburban Water And Sewer Co. c/o Bonnie Burnam 3438 Woodrail Terrace	3. Service Type
Columbia, MO 65203	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7 0 0 5 0 3	190 0003 2886 3336
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540

