 SENDER: COMPLETE THIS SECTION 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 X. A. A. Signature B. Received by (Printed Name) D. Is delivery address different from Item 17
The Willows Utility Company c/o Waterman Management Corp. P.O. Box 3413 New York, NY 10163	3. Service Type \$\int \text{Certified Mail} \text{Express Mail} \text{Registered} \text{Return Receipt for Merchandise} \text{Insured Mail} \text{C.O.D.}
2. Artic (Trar PS For	4. Restricted Delivery? (Extra Fee) Yes