

ZKR 3 0032 RUCO

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul style="list-style-type: none"> <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> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/>                 [Signature] 1/19/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>Scott Vinson, County Manager<br/>                 Cibola County<br/>                 515 W High St<br/>                 Grants, NM 87020</p>   | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>  |
| <p>2. Article Number<br/>                 (Transfer from service label)</p>   | <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>  |
| <p>7008 1830 0001 5247 7690</p>   |   |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102596-02-M-15</p>   |   |