

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>	A. Signature <b>X</b> Vangent <input type="checkbox"/> Agent Addressee
1. Article Addressed to:  <p style="text-align: center;">SLP forms 3833 Greenway Dr. Lawrence, Kansas 66046</p>	B. Received by (Printed Name)   C. Date of Delivery   JUN 1 11 08
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>MAIL AGENT</b> <input type="checkbox"/> No
2. Article Marked for Return (Transferee's Name) PS Form 3842, PSN 7530-01-000-9000	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <div style="text-align: right;">Yes <input type="checkbox"/></div>

UNITED STATES POSTAL SERVICE

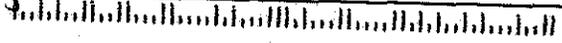


First-Class Mail  
 Postage & Fees  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Poquoson City Schools  
 P.O. Drawer 2068  
 500 City Hall Avenue  
 Poquoson, VA 23662

*Gregg Gustafson*



102595-02-M-1540