

**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.

1. Article Addressed to:

Board of Supervisors  
Township of Salem  
PO Box 405  
38 Bombay Lane  
Berwick PA 18803

BMP-2010-248

2. Article Number  
(Transfer from service label)

7002 2410 0002 7420 2449

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x P Owens

- Agent  
 Addressee

B. Received by (Printed Name)

P Owens

C. Date of Delivery

10/6/10

- D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail        C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes