	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X Agent
Print your name and address on the reverse	Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delive
or on the front if space permits.	D. Is delivery address different from item 1? Yes
. Article Addressed to: National Governors Association	If YES, enter delivery address below: ☐ No
c/o Dan Crippen, Executive Director	
444 N. Capitol Street, Suite 267	3. Service Type
Washington, DC 20001-1512	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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. Article Addressed to:	If YES, enter delivery address below: ☐ No
c/o James McPherson, Exec. Director 2030 M Street NW, 8th Floor Washington, DC 20036	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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