SENDER: COMPLETE THIS SECT	TION		COMPLETE THIS	SECTION ON DEL	VERY
 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. 			B. Received by (Printed Name) C. Date o C. Date o C. Date o C. Date o C. Date o		
1. Article Addressed to: Frank Pianalto				ess different from iter elivery address below	
General Manager		Ľ	3. Service Type		
Unified Cooperatives, Inc. 4514 W. Highway 116			Certified Ma Registered Insured Mai	C Return Rece	li lipt for Merchandise
Plattsburg, Missouri 64477	/		4. Restricted Deli	very? (Extra Fee)	D Yes
2. Article Number	7006	2760	0000 865	0 9499	

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