

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> <i>MJK</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> <p>Tom Hunton President Sure Crop Farm Service, Inc. 28410 Milliron Road Junction City, OR 97448</p> </div>	B. Received by (Printed Name) <i>Michael J Kesling</i>	C. Date of Delivery <i>9-26-13</i>
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
		

7012 1010 0003 2872 8950

Domestic Return Receipt

102595-02-M-1540