| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| 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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery Addressee |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Randall Stubbs, President | |
| Superior Deshler | 3. Service Type |
| 5372 Highway 136 | Certified Mall |
| Deshler, Nebraska 68340 | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Nutr 7006 2760 0000 81 | L45 33L5 |
| | |
| PS Form 3811, February 2004 Domestic Ret | turn Receipt 102595-02-M-1540 |
| PS Form 3811, February 2004 Domestic Ret | turn Receipt 102595-02-M-1540 |