

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:

FITRA - 07-2011-0008

John Nielsen
Managing Member
Nebraska Chemical & Supply, LLC
P.O. Box 7
Alliance, NE 69301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Alice Manion Agent Addressed

B. Received by (Printed Name) Agent Addressed
Alice Manion

C. Date of Delivery
10/13/11

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

2. Article Number
(Transfer from service label)

7004 2510 0006 9725 6279

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540