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. 1. Article Addressed to: CAA -07-2007-0034 Mr. Benje Scholl	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery CS; C C 721-07 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Scholl Fertilizer, Inc. 5th and Wilson	3. Service Type Certified Mall
Falls City, Nebraska 68355	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7 [] (Transfer from service label)	4 2510 0006 9720 7134 ,
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540