

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:

CAA-07-2007-0020

Earl Haller
 Pilot Grove Cooperative Elevator, Inc.
 P.O. Box 171
 Pilot Grove, Missouri 65276

2. Article Number

(Transfer from service)

7004 2510 0006 9719 8692

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Earl Haller Agent
 Addressee

B. Received by (Printed Name)

Earl Haller

C. Date of Delivery

3/2/07

- 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