

**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-07-2008-0043  
Roberta Christiancy  
Frontier Cooperative Co  
410 East 3rd Street  
Mead, Nebraska 68041

2. Article Number  
(Transfer from \_\_\_\_\_)

7006 2760 0000 8650 9406

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Janice Lindgren*  Agent  Addressee

B. Received by (Printed Name) *Janice Lindgren* C. Date of Delivery *10/6/08*

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