

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-07-2012-0009

Dean Scheaiz, General Manager
Producers Exchange Number 84
102 North Main Street
Ionia, Missouri 65335

2. Article Number
(Transfer from service label)

7010 2780 0001 2211 3632

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Beverly Slwing

Agent

Addressee

B. Received by (Printed Name)

Beverly Slwing

C. Date of Delivery

6-12-12

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