

**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:

FIFRA-07-2009-0006  
Mark A. Kistenmacher  
Mid-Iowa Cooperative  
101 South Main, P.O. Box 80  
Beaman, Iowa 50609

2. Article Number  
(Transfer from serv

7006 2760 0000 8650 9758

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Lynn Schwinn  Agent  
 Addressee

B. Received by (Printed Name)

Lynn Schwinnhammer 2-11-09

C. Date of Delivery

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