

**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:

Mr. Harry R. Kleinhans, Sr.  
402 North State Street  
Merrill, Wisconsin 54452

2. Article Number

(Transfer from service label)

7001 0320 0005 8933 0047

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

Harry R. Kleinhans Sr. 3-6-08

C. Signature

 Harry R. Kleinhans Sr.  Agent  
 Addressee
D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No**ISCA-05-2008-0005**

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

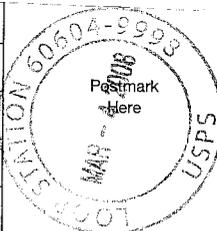
 Yes**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0005 8933 0047

RHC FE-135 TSCA-05-2008-0005

Postage	\$ .97
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.77</b>



Sent To

Mr. Harry R. Kleinhans, Sr.  
Street, Apt. No.;  
or PO Box No. 402 North State Street  
City, State, ZIP+4 Merrill, Wisconsin 54452

PS Form 3800, January 2001

See Reverse for Instructions