■ 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. □ Agent Address D. Is delivery address different from item 1? □ Yes	f Delivery
	gent ddressee
1. Article Addressed to: If YES, enter delivery address below: □ No	
Kendall L. Miller, G.M. Evergreen FS, Inc. 402 N. Hershey Road P.O. Box 1367 Bloomington, IL 61702-1367 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchand	rchandise
☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from servic 7001 0320 0006 1562 2573	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M	5-01-M-142