
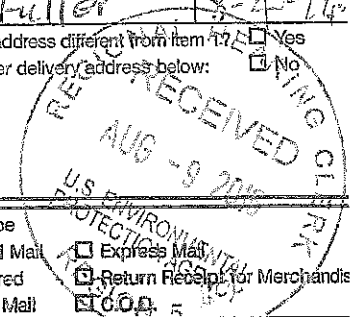




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Judy Fuller</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to:  David C. McLaughlin Fluegel, Anderson, McLaughlin & Brutlag 25 NW 2nd Street, Suite 102 Ortonville, Minnesota 56278	B. Received by (Printed Name) <i>Judy Fuller</i>	C. Date of Delivery <i>8-4-16</i>
2. Article Number (Transfer from service label) <i>7011 1150 0000 2640 7247</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
CERCLA-05-2016-0010 <i>CAFO</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D. 5	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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CERCLA-05-2016-0010 <i>CAFO</i>		

