

**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:

NOV 08 2017

Larry Moen  
Cloverdale Foods Company  
3015 34th St, NW  
Mandan, ND 58554

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Emile Saylor*  Agent  Addressee

B. Received by / Printed Name *EMILE SAYLOR* C. Date of Delivery *11/15/17*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7008 3230 0003 0730 7629  
(Transfer from service label)

EPCRA-68-2017-0001