SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X Agent B. Received by <i>Orinted Name</i> ) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes	
1. Article Addressed to: Tommy Hanses Operations Manager Washington Fruit & Produce Co. P.O. Box 1588 Yakima, WA 98907		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)	
2. Article Number (Transfer from service label)	7013 1710 0002 3980 3007		
PS Form 3811, February 2004	Domesti	c Return Receipt 102595-02-M-1540	

to