<ul> <li>SENDER: COMPLETE THIS SECTION</li> <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> <li>1. Article Addressed to:</li> <li>CAA -0 7-000-0015</li> <li>Martin Ghere</li> </ul>	COMPLETE THIS SECTION ON DELIVERY         A. Signature         X       Agent         Addressee         B. Received by (Printed Name)       Orbate of Delivery         Addressee         D. Is delivery address different from Item 1?       Yes         If YES, enter delivery address below:       No
Great Western Ag Route 5 Box 412 Butler, Missouri 64730 2. Article Number	3. Service Type         Certified Mail       Express Mail         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.         4. Restricted Delivery? (Extra Fee)       I Yes         10       0006       9719       7954
(Transfer from service lebel) <u>PS Form 3811, February 2004</u> Domestic Retu	

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