SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 X Jacens UL Agent Addressee
	B. Received by (Printed Name) C. Date of Deliver Stacey Polon Son
1. Article Addressed to:	 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Robert Christensen President, Owner Wind Flow Fertilizer, Inc. 15030 Road 26 SW Mattawa, WA 99349	
	3. Service Type Certified Mail [®] □ Priority Mail Express [™] □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	1010 0003 2880 5446
PS Form 3811, July 2013 Domes	tic Return Receipt