

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:

Steven Krantz
 Century Homes
 1672 N.E. 54th Avenue
 Des Moines, Iowa 50313

FIPRA-07-2006-0231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Agent
 Addressee
- C. Date of Delivery 10-18-06
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

7004 2510 0006 9719 7916

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	

7004 2510 0006 9719 7916

Return Receipt Fee

(Endorser)
 Krantz
 Restrictor
 (Endorser)
 Century Homes
 Total Pos
 1672 N.E. 54th Avenue
 Sent To
 Des Moines, Iowa 50313

Street, Apt., No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions