

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:
FIFRA-07-2012-0002
Michael W. Jacobson
General Manager
Postville Farmers Cooperative Society
~~325 Coop Drive~~
Postville, Iowa 52162

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Michael Jacobson* Agent
 Addressee

B. Received by (Printed Name)
X *Michael Jacobson* C. Date of Delivery

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

PO Box 520
POSTVILLE IA 52162

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

4. Restricted Delivery? (Extra Fee) Yes

7010 2780 0001 2211 3953