	5.40	
	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. 1. Article Addressed to: Doug Perry, General Manager	A Signature A Signature A Agent Addressee B. Received by (Printed Name) C. Date of Delivery ANT DAY DAY D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	903 Plotsky Road Plattsburg, Missouri 64477 P.C. A	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
	2. Article Number 7004 2760 0	000 8627 0044
•	PS Form 3811, February 2004 Domestic Re	7. 936