1	
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 Agent Addressee B. Received by (Printed Name). C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: Your State T5CA-07 - 2010-0015 Foss, Kuiken, Gookin & Cochran P.C.	If YES enter delivery address below:
First National Bank Building, Suite 201 P.O. Box 30 Fairfield, Iowa 52556	3. Service pe Continued Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Numt 7006 2760 0000 8	646 9793
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1549