

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:

Jane B. McAllister
 Ahlers & Cooney P.C.
 100 Court Avenue, Suite 600
 Des Moines, IA 50309-2231

2. Article Number
 (Transfer from service label)

7004 2510 0006 9722 1482

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

7004 2510 0006 9722 1482

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

MAR 2 5 2009
 Postmark here

Tot Jane B. McAllister
 Sent Ahlers & Cooney P.C.
 Street or P.O. 100 Court Avenue, Suite 600
 City, Des Moines, IA 50309-2231

PS Form 3800, June 2002

See Reverse for Instructions