

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:
Bonita M Bagnall
TSCA 07-2012-0014

Barry S. Kaplan
Attorney at Law
Kaplan, Frese & Nine LLP
111 East Church Street
Marshalltown, Iowa 50158

2. Article Num
(Transfer #)

7006 2760 0000 8645 8780

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Clara Kiddle* Agent
 Addressee

B. Received by (Printed Name)
Clara Kiddle

C. Date of Delivery
9-12-12

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

102595-02-M-1540