

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Chasity Overkamp</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Chasity Overkamp</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>3-9-07</i></p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.5em; margin-left: 40px;"><i>CAA-07-2009-0005</i></p> <p>J. Donald Broz, General Manager Service and Supply Cooperative 22 Coop Avenue New Florence, Missouri 63363</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7006 2760 0000 8650 9819 (Transfer from ser)</p>	