

**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:

TSCA-07-2006-0218

Robert J. Christianson  
National Management Corporation  
12289 Stratford Drive  
Clive, Iowa 50325

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 8098

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *NJ Appel*

Agent

Addressee

B. Received by (Printed Name)

NJ APPEL

C. Date of Delivery

11/17/06

D. Is delivery address different from item 1?  Yes

If Yes, enter delivery address below:  No

NOV 17 2006  
DES MOINES, IOWA, SUB. STA

3. Service Type

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes