

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:

CWA-07-2010-0004

Josh Schmidt, Manager
Viking Pump
406 State Street
Cedar Falls, Iowa 50613

2. Article Number
(Transfer from _____)

7006 2760 0000 8647 6982

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *DeLo Clark* Agent Addressee

B. Received by (Printed Name)

Deb Clark

C. Date of Delivery

3-19-10

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