| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 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: RAPA-07-2000-0004 | A. Signature X. D. B. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Cob Blocavatz D. Is delivery address different from item 17 Yes If YES, enter delivery address below: |
| Ronald Velder, President Farmers Cooperative PO Box 263 208 W Depot | 3. Service Type Service Type Express Mail Registered Receipt for Merchandise Insured Mail C.O.D. |
| Dorchester, Nebraska 68343 | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 7006 2760 0000 8647 6791 | |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 |