SENDER: COMPLETE THIS S	ECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Gary Oeth 6501 Madison Avenue</li> <li>Urbandale, Iowa 50322-2735</li> </ul>		A. Signature  X
		3. Service Type
		☐ Certifled Mall ☐ Express Mail
		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Èxtra Fee) ☐ Yes
Article Number     (Transfer from service k	7004 2510	0006 9720 3495
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

•