

**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-07-2008-0067  
Mr. Darwin Hamann  
4681 240th Street  
Correctionville, Iowa 51016

2. Article Number  
(Transfer from ser

7006 2760 0000 8650 9420

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Sharon Hamann*  Agent  
 Addressee

B. Received by (Printed Name)

*Sharon Hamann*

C. Date of Delivery

*10-3-08*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- G.O.D.

4. Restricted Delivery (Add Fee)

Yes

Domestic Return Receipt

102595-02-M-1000