

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Bradley Patterson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">CAA-07-2007-0021</p> <p>Bradley Patterson Manager Maitland Grain &amp; Fertilizer P.O. Box 160 Maitland, Missouri 64466</p>	<p>B. Received by (Printed Name)      C. Date of Delivery</p> <p><i>BRADLEY PATTERSON</i>      <i>3/14/07</i></p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="font-size: 1.2em; margin-left: 20px;"><i>P.O. Box 155 Maitland MO 64466</i></p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em; margin-left: 20px;">7004 2510 0006 9720 9824</p>
<p>Domestic Return Receipt</p>	<p>102595-02-M-1540</p>