

# CERTIFIED MAIL RETURN RECEIPTS

FOR THE COMPLAINT, AND COMPLIANCE ORDER, ISSUED:

IN THE MATTER OF  
**IOWA TURKEY GROWERS COOPERATIVE**  
 DOCKET NOS. CWA-07-2001-0052 & CWA-07-2001-0053

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>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature <i>M. Daniel Waters</i>	
1. Article Addressed to:	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
M. Daniel Waters Registered Agent for Iowa Turkey Growers Cooperative 666 Walnut Street, Suite 2500 Des Moines, IA 50309-3993	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Copy from service label)	3. Service Type	
	<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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0360 0001 4934 8138	
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

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>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature <i>Mari Pearson</i>	
1. Article Addressed to:	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Lon Pluckhahn City Manager City of West Liberty 409 North Calhoun West Liberty, Iowa 52776	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Copy from service label)	3. Service Type	
	<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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0360 0001 4934 8114	
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952



- 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:

Allan Goldberg  
 Field Office # 6 Supervisor  
 Iowa Department of Natural Resources  
 1004 W. Madison  
 Washington, Iowa 52353

A. Received by ( <i>Please Print Clearly</i> ) <i>JNR</i>	B. Date of Delivery <i>7-9-01</i>
C. Signature <i>[Signature]</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<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.

4. Restricted Delivery? ( <i>Extra Fee</i> )	<input type="checkbox"/> Yes
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2. Article Number (*Copy from service label*)

7001 0360 0001 4934 8084