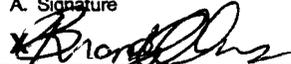


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: <p style="font-size: 1.5em; margin: 0;">CAA-07-2008-0034</p> <p>Kenneth L. Ahrens, Member/Owner Ahrens Grain, L.L.C. 301 Railroad Avenue Murray, Nebraska 68409</p>	B. Received by (Printed Name) Brady Ahrens	C. Date of Delivery 10-05-09
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="font-size: 1.5em; margin: 0;">PO Box 80</p>	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0000 8648 6196	102595-02-M-1540	