

**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:

William J. Delano, III  
Delano Station Break  
Highway 19 and Highway 68  
Salem, MO 65560

2. Article Number  
(Transfer from service label)

7006 2760 0000 8652 1842

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *William J. Delano III*  Agent  
 Addressee

B. Received by (Printed Name)

*William J. Delano, III*

C. Date of Delivery

*11-13-08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

*301 W. Washington  
St. James MO 65559*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes