SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A, Siar Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Agent Addressee Print your name and address on the reverse so that we can return the card to you, Β. Date of Deli Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from Item 1? 2 Yes 1. Article Addressed to: 🗖 No If YES, enter-delivery address below: FIFRA-07-2006-02,40 Missou Va Trent Sprecker General Manager 3. Service Type United Western Coop, Inc. Certified Mall C Express Mail Registered 222 E. Lincoln Highway Return Receipt for Merchandise Insured Mail C.O.D. Missouri Valley, Iowa 51555 4. Restricted Delivery? (Extra Fee) 🛛 Yes 2. Article Number 7004 2510 0006 9719 8395 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540