

**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:

Mr. Loren Taylor, Advisor  
Sargent Pipe Company, Inc.  
P.O. Box 627  
Broken Bow, NE 68822

2. Article Number

(Transfer from service label)

7006 2760 0000 8646 7867

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Natalie Reynolds*

Agent

Addressee

B. Received by (Printed Name)

*Natalie Reynolds*

C. Date of Delivery

*2/6-10*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes