

| 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> | <p>A. Signature<br/> X <i>B. Weber</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Butch Weber</i> C. Date of Delivery <i>9-17-12</i></p>  |
| <p>1. Article Addressed to:</p> <p><b>Ken Blakeman</b><br/> <b>General Manager</b><br/> <b>Primeland Cooperative, Inc.</b><br/> <b>P.O. Box 467</b><br/> <b>Lewiston, KD 83501</b></p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number<br/> (Transfer from service label)</p>  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7011 2970 0000 0880 7211</p>   |