SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete 🗋 Agent item 4 if Restricted Delivery is desired. . م Х Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, Curt ELlers or on the front if space permits. D. Is delivery address different from item 1? D Yes 1. Article Addressed to: If YES, enter delivery address below: 🗖 No CAA-07-2008-0028 Steve Vohs, President Vohs & Miller Inc. 3_ Service Type Certified Mail Express Mail 212 North Main Street C Return Receipt for Merchandise Holstein, Iowa 51025 D Insured Mail C.O.D. 4. Restricted Deliverv? /Fvtra Fee) TYes 7006 2760 0000 8652 1774 2. Article Number (Transfer from s - - -PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540