SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	MAN DRITISPAN 10-30-10
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CWA-07-2010-016	7
Mark Beitelspacher	3. Service Type
Mark Beitelspacher Farms	Certified Mail
28279 130 th Street	Registered Return Receipt for Merchandise
Le Mars, Iowa 51031	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Nu 7006 2760 0000	8645 2764
PS Form 3811, February 2004 Domes	tic Return Receipt 102595-02-M-1540