

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:

QA-57-2011-0087

Ron Zitow
Senior Vice President
Grain Processing Corporation
1600 Oregon Street
Muscatine, IA 52761

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ron Zitow Agent Addressee

B. Received by (Printed Name)

Ron Zitow Date of Delivery
10-3-11

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes2. Article Number
(Transfer from service label)

0029 5226 9000 0T52 4002

PS Form 3811, February 2004

Domestic Return Receipt

102599-02-M-1540