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. 	A Signature X W HOYLA Agent B. Received by (<i>Brinted Name</i>). C. Date of Delivery CHMS HOSKINS 5-7-70
1. Article Addressed to: FIF LA-07-2010-0011	 D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
Stuart I. Feldstein, Vice President	
Albaugh, Incorporated 1525 NE 36 th Street	3. Service Type Scortified Mail Express Mail In Registered Return Receipt for Merchandise Insured Mail C.O.D.
Albaugh, Incorporated 1525 NE 36 th Street Ankeny, Iowa 50021	Certified Mail Express Mail Registered Return Receipt for Merchandise
Albaugh, Incorporated 1525 NE 36 th Street	Coertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Kestricted Delivery? (Extra Fee) Yes
Albaugh, Incorporated 1525 NE 36 th Street Ankeny, Iowa 50021 2. Article Number 2006 2260 000	Scoertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 8647 7262

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