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| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> 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. | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> | |
| <p>1. Article Addressed to: <i>Hickory Hill</i> <i>CWA-07-2011-0043</i></p> | | <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>4/21</i></p> | |
| <p>Eldon McAfee Beving, Swanson & Forrest, PC 321 E Walnut Street, Suite 200 Des Moines, Iowa 50309</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>2. Article Num (Transfer fr. <i>7006 2760 0000 8645 3402</i>)</p> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

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| <p>1. Article Addressed to: <i>CWA-07-2011-0043</i></p> | | <p>B. Received by (Printed Name) <i>Scott Meissner</i> C. Date of Delivery <i>4/21/11</i></p> | |
| <p>Scott Meissner Hickory Hill Farms, Inc. 4045 400th Street Hospers, Iowa 51238</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>2 <i>7006 2760 0000 8645 3396</i></p> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *Wanda Boyer* C. Date of Delivery *4-26-11*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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: *Hickory Hill*
CWA-07-2011-0043

Ken Hennesius
Field Office Supervisor, Field Office #3
Iowa Department of Natural Resources
1900 North Grand Avenue
Spencer, Iowa 51301

2. Article 1
(Transfer *7006 2760 0000 8645 3372*)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540