	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Surly Peller Can Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is deal address gifferent from Item 1? Yes
	1. Article Addressed to: TSCA-07-2007-0014  Thomas M. Yule	If NES, enter delivery address below: No
	Alliance Realty Company 7405 University Ave, Suite 3 Des Moines, Iowa 50325	3. Spice Type  D. Ortifon 12 Express Mall  Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
	2. Article Number (Transfer from service label) 7004 2	510 0006 9719 8289
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