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	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> <li>Article Addressed to:</li></ul>	A. Signature  X
•	Farmers Elevator Coop 2215 Iowa Highway 9 Lester, Iowa 51242	3. Service Type Cortified Mail
		4. Restricted Delivery? (Extra Fee) Yes
	2. Article Numb 700L 27L0 0000	8646 3357
	PS Form 3811, February 2004 Domestic F	leturn Receipt 102595-02-M-1540