STUDED COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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 Robinal Was can return the card to you. Attach his card to the back of the mailpiece, or on the front if space permits. Appendersed in PM 1: 29 Mr. Donal & Walsel Kraft, Walser, Hethy, Honsey	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item Yes If YES, enter delivery address below: No
131 Main Street South Hydehinson, MN 55350	3. Seprice Type Certified Mail Registered Insured Mail C.O.D.
CWA-05-2008-0005	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320 0005 8922 4449 PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	