

**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:

CWA-07-2011-0099  
Sandy Carlson  
Director of Safety  
Ben Shinn Trucking  
6001 Palmer Avenue  
Eddyville, Iowa 52553

2. Article Numbr  
(Transfer from)

7004 2510 0006 9725 6330

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from form 1?  Yes  
If YES, enter delivery address below:  No

Box 800

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes