SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X. Donno Munando
Northwest Iowa Agronomy, LLC 1505 Midwest Avenue	3. Service Type Certified Mail
Alton, Iowa 51003	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service lab 7006 2760 00	00 8647 7491
PS Form 3811, February 2004 Domestic Return	n Receipt 102595-02-M-154