SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 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 mailplece or on the front if space permits. 1. Article Addressed to: 		A. Signature Agent Addressee Addressee B. Received by (Printed Name) C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery B. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
A to Z Feeders 56393 Highland Ros Atlantic, IA 50022	ad	Insured Mail C.O.D.	pt for Merchandise
2. Article Number (Transfer from service label)	7004	4. Restricted Delivery? (Extra Fee)	9 Yes 5
PS Form 3811, February 2004	PS Form 3811, February 2004 Domestic Re		102595-02-M-1540
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