

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:

CAA-07-2011-0017

Tod B. Hockenson, VP Distribution
 Hy-Vee Perishable Warehouse
 21591 490th Street
 Chariton, IA 50049

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 9262

PS Form 3811, February 2004

Domestic Return Receipt

PSN 02-11-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x David L. Lovett

 Agent Addressee

B. Received by (Printed Name)

David L. Lovett

C. Date of Delivery

9-13-11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes