

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>x <i>J.P. Byson Jr.</i></p>
<p>1. Article Addressed to: <i>CWA-07-2011-0017</i></p>	<p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p><i>James P. Byson Jr.</i> <i>5.12.11</i></p>
<p>James P. Byson Jr., Owner J.P. Byson Oil Company 2105 240<sup>th</sup> Street Fort Dodge, Iowa 50501</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <i>7006 2760 0000 8645 3457</i> <small>(Transfer from service label)</small></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> <p style="text-align: right;">Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>