<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> </ul>	A. Signature  X Wand a Libarth W Agent  B. Received by (Printed Name)  C. Date of Delivery  Pands Westsch 9-25-07  D. Is delivery address different from Item 17  Yes
Wanda Westfahl, Account Manager	If YES, enter delivery address below: 风 No
Alsbury, Inc.	3. Service Type
PO Box 969	Certified Mail
Imperial, Nebraska 69033	☐ Return Recelpt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 2510 0006 9719 9101	
PS Form 3811, February 2004 Domestic Retr	urn Receipt 102595-02-M-1540