

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Tom Scheckel</i></p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;"><i>CWA-07-2011-0084</i></p> <p style="margin-left: 40px;">TOM SCHECKEL SCHECKEL CONSTRUCTION, INC 21334 HIGHWAY 62 BELLEVUE, IOWA 52031</p>	<p>B. Received by (<i>Printed Name</i>)</p> <p><i>Tom Scheckel</i></p>	<p>C. Date of Delivery</p> <p><i>3/28/11</i></p>
<p>2. Article Num (<i>Transfer fro</i>)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		