8829	U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)									
	For delivery information	For delivery information visit our website at www.usps.com®								
4818	OFF		CI	A.	L	U	9	grade:		
	Postage	\$								
7005 1160 0004	Certified Fee			<u></u>						
	Return Receipt Fee (Endorsement Required)		Postmark Here							
	Restricted Delivery Fee (Endorsement Required)		– _ Mr.	Rona	ld E.	I E. Stutsman				
	Total Postage & Fees	Registered Agent for Eldon C. Stutsman, Inc.								
	Sent To		_	121 Lassie Street						
7	Street, Apt. No.; or PO Box No.		- H	ills, IA	A 52	235				
1	City, State, ZIP+4		- .						-1	
	PS Form 3800, June 2003	2			Se	e Rever	se for	Instruc	tions	

Hills, IA 52235 2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) 口 Yes 7005 1160 0004 4818 8829
Hills, IA 52235	4. Restricted Delivery? (Extra Fee) ☐ Yes
Hille IA 52225	☐ Registered ☐ Return Receipt for Merchandlee ☐ Insured Mail ☐ C.O.D.
Mr. Ronald E. Stutsman Registered Agent for Eldor C. Stutsman, Inc. 121 Lassie Street	3. Service Type 2. Certified Mail 2. Express Mail
or on the front if space permits. I. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
 Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma 	B. Received by (Printed Name) C. Date of Delivery
	. Y N Agent
Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also completers 4 if Restricted Delivery is desired.	