

PS Form 3800, April 2002 See Reverse for Instructions

City, State, ZIP+4
 Street, Apt. No.,
 or PO Box No.

Sent To
 Decorah, Iowa 52101

Total Post
 P.O. Box 402
 Winneshiek Cooperative Association
 Doug VanSloten, General Manager
 (Endorser)

Restricted Delivery
 (Endorser)
 Doug VanSloten, General Manager
 Winneshiek Cooperative Association
 P.O. Box 402
 Decorah, Iowa 52101

Return Receipt
 (Endorser)
 Postmark Here

Certified Fee

Postage \$

OFFICIAL USE

CERTIFIED MAIL RECEIPT
 U.S. Postal Service
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0860 0006 5963 4282

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 checked="" type="checkbox"/> <i>Susan Viste</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>CWA-07-2004-0030</i></p> <p>Doug VanSloten, General Manager Winneshiek Cooperative Association P.O. Box 402 Decorah, Iowa 52101</p>	<p>B. Received by (Printed Name) <i>SUSAN VISTE</i></p>	<p>C. Date of Delivery <i>2-10-05</i></p>
<p>2. Article Number (Transfer from service)</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>3. Service Type <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? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>7002 0860 0006 5963 4282</p>		