1.					
SENDER: COMPLETE T	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
item 4 if Restricted Del Print your name and ac so that we can return t	 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. 		A. Signature X CLOCCO GUIVAN B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes		
John A Kramer J-Six Farms, Inc	CWA-07-2007-0007 John A Kramer J-Six Farms, Inc			D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
PO Box 170 Seneca, Kansas 66	PO Box 170 Seneca, Kansas 66538		3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.	
			Restricted Delivery		
2. Article Num (Transfer frc 7	004 251	3 0006	9720 3037		
PS Form 3811, February	2004	Domestic Re	turn Receipt	102595-02-M-1540	