SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 HDWD HOUP IN a Addressee B. Received by (Printed Name) C. Date of Delivery HDMM HOUP Address different from item 1? Yes If YES, enter delivery address below: No
2490 5th Avenue, SE	l
LeMars, Iowa 51031	3. Service Type Gertified Mail Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article 1 (Transfe 7006 2760 0000 865	1 6770 <u>.</u>
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
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