

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0006 9719 7916

Postage \$ _____
Certified Fee _____

Return Receipt Fee _____
(Endorsement)

Restrictor:
(Endorsement)
**Krantz
Century Homes
1672 N.E. 54th Avenue
Des Moines, Iowa 50313**

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

PS Form 3800, June 2002

See Reverse for Instructions

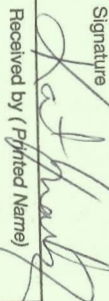
SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
- 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.

FIPRA-07-2006-0231

Steven Krantz
Century Homes
1672 N.E. 54th Avenue
Des Moines, Iowa 50313

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Address
- B. Received by (Printed Name) _____ C. Date of Delivery **10-18-06**
 Agent
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7004 2510 0006 9719 7916

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1