	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. Article Addressed to: 008-0001 Bob Maxwell Midwest Service Company P.O. Box 149 Tekamah, Nebraska 68061 	A. Signature Agent X Image: Market Marke
		3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchand Insured Mail CHO.D.
	2. Article Number (Transfer from sei 7004 2510 00	4. Restricted Delivery? (Extra Fee) Ves
		Return Receipt 102595-02-M-1

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