

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

ENT-2 Ei

MAR 10 2009  
Fred Nelson, Registered Agent  
The Kinnear Store, Inc.  
PO Box 372, 11519 Hwy 26  
Kinnear, WY 82516

2. Article Number

(Transfer from service label)

7008 3230 0003 0730 5441

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Fred Nelson*

Agent

Addressee

B. Received by (Printed Name)

Fred Nelson

C. Date of Delivery

3/12/09

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes