

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>Dawn West</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (<i>Printed Name</i>)  <i>Dawn West</i></p>	<p>C. Date of Delivery  9.9.14</p>
<p>1. Article Addressed to:  #SDWA-08-2014-0039 M</p> <p>David W. Briggs, General Manager  Western Cooperative Company  P.O. Box H  Alliance, NE 69301      SFP 5 2014</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type  <input 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.</p>	
	<p>4. Restricted Delivery? (<i>Extra Fee</i>)    <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (<i>Transfer from service label</i>)</p>	<p>7009 3410 0000 2596 5739</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>		