

7012 2210 0000 5370 2060

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

6/30/16
Postmark Here
CAFO

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, Aug

Greg Boelke
Veit and Company, Inc.
14000 Veit Place
Roger, MN 55374
CWA-08-2016-0008

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:

AUG 31 2016
Greg Boelke
Veit and Company, Inc.
14000 Veit Place
Roger, MN 55374
CWA-08-2016-0008

(B)

CAFO

2. Article Number
(Transfer from service label)

7012 2210 0000 5370 2060

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Dave Alama 9-6-16

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