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: 	A. Signature X. M. W. R. M. D. D. Agent D. Addressee B. Received by (Printed Name) C. Date of Delivery M.A.R. W. R. H. L. B. M. 7 - Z 1 - / () D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
Louis Herbert, President Herbert Feed and Grain	3. Service Type
P.O. Box 290	Certified Mail
Vertigre, Nebraska 68783	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Nt. 7006 2760 0000 864	16 9748
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540