

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:

**Mike Vierstra
Vierstra Dairy
2588 East 3500 North
Twin Falls, ID 83301**

2. Article Number

(Transfer from service label)

7001 2510 0003 7204 6525

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E40

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

10/21/07

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