

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:

CAA-07-2012-0002

Charles Swayze
General Manager
Farmers Coop Equity Co. - Isabel
~~300 Main Street~~ 102 N Burr - P.O. Box 40
Isabel, Kansas 67065

2. Article Number:
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Janet Ford

Agent

Addressee

B. Received by (Printed Name)

Janet Ford

C. Date of Delivery

1-25-12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

102 N Burr

P.O. Box 40

Isabel, KS 67065

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7006 2760 0000 8646 3432

Domestic Return Receipt

102595-02-M-1540