E C itu E P sc A Ou 1. Au	NDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete tem 4 if Restricted Delivery is desired. Print your name and address on the reverse to that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. THEA -07 -2008-0023 Chad Henning	L	
	U.S. Ag Center, Inc. 250 North Main Street Allison, Iowa 50602	3. Service Type   Contified Mail Express Mail   Insured Mail Return Receipt for Merchandis   Insured Mail C.O.D.   4. Restricted Delivery? (Extra Fee) Yes   Image: Second	
	Form 3811, February 2004 Domestic Ret		