SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your attach this card to the back of the ror on the front if space permits.</li> <li>Article Addressed to:</li> </ul> Mr. Terry Nusser	reverse  B. Received by ( <i>Ptrinted Name</i> )  C. Date of Delivery
403 Roughton St Jetmore, Kansas 67854	3. Service Type  Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
Article Number (Transfer from service label)	7006 2760 0000 8648 2365
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540