

**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:

*TSXA-07-2007-0026*

Michael K. Crouthamel  
1409 Union Street  
Boone, Iowa 50036

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Michael K. Crouthamel*  Agent

B. Received by (Printed Name)  Addressee

*Michael K. Crouthamel*  Date of Delivery

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

2. Article Number 7004 2510 0006 9720 9855

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540