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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 1. Overty Knob Eldon L. McAfee	D. Is delivery address different from Item 17
Beving, Swanson & Forrest, P.C.	
Lawyers 4	3. Service Type
Suite 200 Northwestern Building 321 East Walnut Street Des Moines, Iowa 50309-2048	☐ Registered ☐ Return Recelpt for Merchandise ☐ Insured Mail ☐ C.O.D.
505 Montes, 10wa 50309-2048	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7004 2510 0	006 9722 2298
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540

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