

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0006 9718 3179

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery (Endorsement)		
Total Postage	Trent Sprecker United Western Coop 222 E. Lincoln HW P.O. Box 270 Missouri Valley, Iowa 51555	
Sent To		
Street, Apt. No. or PO Box No.		
City, State, ZIP+4		

PS Form 3800, June 2002

See Reverse for Instructions

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:

*United Western Coop
FIFRA-07-2006-0240*

Trent Sprecker
 United Western Coop
 222 E. Lincoln HW
 P.O. Box 270
 Missouri Valley, Iowa 51555

2. Article Number
 (Transfer from service label)

7004 2510 0006 9718 3179

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Stark Stutz* Agent Addressee

B. Received by (Printed Name) *Stark Stutz* C. Date of Delivery *9-28-06*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes