SENDER: COMPLETE THIS SECT		COMPLETE THIS S		-IVENT
 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: 		A. Signature X. B. Received by (Printed Name) D. Is delivery address different from Item 17 Yes If YES, enter delivery address below:		
Kurt Croell Reg. Agent for Croell Red 2010 Kenwood Ave New Hampton, IA 50659	i Mix, Inc.	3: Service Type S Certifled Mail Registered Insured Mail	☐ Express Ma	ail eipt for Merchandise
		4. Restricted Deliver	ry? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	700	+ 5270 000	6 9726 L	1427

•