

**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:

Steve Gerard, Safety Director  
 New Century PS  
 2617 Highway 8E  
 Tract, Iowa 50675

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
  Addressee
- B. Received by (Printed Name)  Date of Delivery
- James Smith*
- 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 9719 9248  
 (Transfer from)

PS Form 3811, February 2004      Domestic Return Receipt