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 Addressal point if space permits. 2. Article Number (Transfer from service recorp) 7004 2510 0006 9726 3765 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	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 radgessar po: Floyd E. Mitchell 1929 North 500th Road Baldwin City, Kansas 66006 3. Service Type D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type D. Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	SENDER:	COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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