

**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:

CWA-07-2007-0014

Paul Boffeli, Managing Partner  
S.B.K., L.C.  
1805 State Street, Suite 101  
Bettendorf, Iowa 58722

2. Article Number  
(Transfer from service label)

7004 2510 0006 9719 8678

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Julie Bates*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Julie Bates

C. Date of Delivery

2-28-07

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