SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: CAA-O7-DO9-COOS Shawn Wade, Vice President 	A. Signature A. Signature Addressee B. Preceived by (Printed Name) C. Date of Delivery \$/\2\frac{1}{2}\fr
Sport Wade, Inc. 2769 Highway 69 Weldon, Iowa 50264	3. Service Type Control Control
2. Article Number 7006 2760 0000	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540

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