SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature X Agent B. Received by ( <i>Printed Name</i> ) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No
Reed Buckner Safety Manager Intermountain Farmers Associat 1147 West 2100 South Salt Lake City, Utah 84119	Certified Mail
San Lake City, Clan 04117	Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 (Transfer from service label)	1410 0002 1489 1821
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540