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 mailpiece or on the front if space permits.</li> </ul>	A. Signature  X. Adjent Addressee  B. Revalued by (Printed Name)  O. Date of Delivery  1-22-7  D. Is delivery address different from Item 17  Yes
1. Article Addressed to:  1504-07-5007-0009  Sam Huston d/b/a Huston Co.  716 West 2 <sup>nd</sup> Street  Grand Island, Nebraska 68801	If YES, enter delivery address below:
	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	7004 2510 0006 9719 8425
PS Form 3811, February 2004 Dome	stic Return Receipt 102595-02-M-1540

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