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> <li>1. Article Addressed to:</li> </ul>	A. Signature  X. Scheel   Agent   Addressee  B. Received by (Printed Name)   C. Date of Delivery  Steve   Levs   10 - 2 - 06  D. Is delivery address different from Item 1?   Yes  If YES, enter delivery address below:   No
Steve Sellers	
Sellers Farms, Inc. 1420 Avenue North Lyons, Kansas 67554	3. Service Type  ☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service labe) 7 0 0 4 25 1 0 0 0 6 97 1 8 3 27 8  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
U.S. Postal Service  CERTIFIED MAIL  (Domestic Mall Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  Postage \$	
Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total F Steve Sellers	Postmark Here
Sent To Sellers Farms, Inc.  1420 Avenue North City, St.  Lyons, Kansas 67554	ee Reverse for Instructions