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:

Mr. Lowell Vos
Lowell Vos Feedlot
33823 340th Street
Kingsley, IA 51028-8707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Vos
☒ Agent
☐ Addressee

B. Received by (*Printed Name*) JUDY VOS
C. Date of Delivery 8/17/07

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

2. Article Number
(Transfer from service label) 7004 2510 0006 9721 5108

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540