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. 	A. Signature X Agent B. Received by (Printed Name) VESSE STITHEM 9/3/09
1. Article Addressed to: WA - 07-2007-0009 Debra S. Miller, General Manager Farmer's Union Mercantile &	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Shipping 323 S Cedar Stockton, Kansas 67669	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 Nu 7002 0860 0006	5958 3399
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

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