SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the niso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	d.X \square Agentreverse \square Addresseeallpiece,B. Received by (Printed Name)THamas A. OKLESTA $1/30/7$
1. Article Addressed to: CWA - 0 7 - 2007 - 6 Larry Clement	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 10 No
Clement Aviation 1629 Nelson Avenue Fort Dodge, IA 50501	3. Service Type Descrifted Mall Express Mail Registered Setum Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	7004 2510 0006 9721 3937
PS Form 3811, February 2004	Domestic Return Receipt 3 102595-02-M-154

•

. I.

.