COMPLETE THIS SECTION ON DELIVERY **SENDER:** COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, マーマフ or on the front if space permits. 1. Article Addressed to: if YES, enter delivery address below: Robert D. Harper, Manager Knudsen Oil & Feed Co., Inc. 3. Service Type 15306 Dorchester Street Certified Mail Registered ☐ Express Mail Washington, Nebraska 68068 ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article 7004 2510 0006 9722 2236 (Transfe PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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