SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY
 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. Article Addressed to: CWA - 07-2009-000 Mr. Rick Onken 	B. Received by (Printed Name) KICK OWKE /// D. Is delivery address different from Item 1 If YES enter delivery address below:	□ Agent □ Addressee • Date of Delivery <u>S · / - 6 9</u> • Yes □ No
Onken Feedlots, L.L.P. 24568 140th Street Carroll, Iowa 51401	3. Seprice Type Certified Mail Express Mail Registered Return Receip insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	t for Merchandise
2. Article Number 7006 276 (Transfer from service labu,	-0 0000 8648 6905	
PS Form 3811, February 2004 Dome	stic Return Receipt	102595-02-M-1540

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