

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i> </p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.5em; margin-left: 40px;"><i>CAA-072007-0052</i></p> <p>Mr. Robert Sidles Sidles Top Crop 23918 218th Avenue Centerville, Iowa 52544</p>	<p>B. Received by (Printed Name)</p> <p><i>Robert Sidles</i></p>	<p>C. Date of Delivery</p> <p><i>10-13-07</i></p>
<p>2. Article Num (Transfer from)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7004 2510 0006 9720 3129</p>		