

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
FIFRA 07 2012 . 0024
Bill Chizak
Heartland COOP
2829 Westown Parkway
Suite 350
West Des Moines, Iowa 50266

2. Article Number
(Transfer from sender) **7006 2760 0000 8648 5410**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Debra Wilmer** Agent Addressee
B. Received by (Printed Name) **DEBRA WILMER** C. Date of Delivery **6-29-12**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

