SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>CAA -07 -2009 - 0007</li> <li>David E. Webb</li> <li>Compliance Director</li> </ul>	A. Signeture A. Signeture B. Received by (Printed Name) MCK////////////////////////////////////
Midwest Farmers Cooperative	3 Service Type
5420 Anderson Drive	Certified Mail Express Mall Registered Return Receipt for Merchandise
Nehawka, Nebraska 68413	Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 000	JO 8650 9833
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-154

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