

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Ken Spindler</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to: 10/06/16 B.M. PCB 2016-110 Douglas M. Beech Cassey's General Stores, Inc. One SE Convenience Blvd. Ankeny, IA 50021	B. Received by ( <i>Printed Name</i> ) <i>Kory Spindler</i>	C. Date of Delivery <i>10-11-16</i>
2. Article Number ( <i>Transfer from service label</i> )	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
Domestic Return Receipt	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
7014 0510 0001 5481 1990		