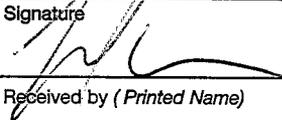


**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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, on the front if space permits.

A. Signature  Agent  
**X**   Addressee

B. Received by (Printed Name) C. Date of Delivery

Title Addressed to:  
Myron + Shirley Loewen  
8680 CR 3  
Berthoud, CO 80513

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

BERTHOUD CO CO  
MAY 13 2011

3. Service Type **USPS**

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

4. Restricted Delivery? (Extra Fee)  Yes

Article Number **7008 1830 0001 5249 7704**  
(Transfer from service label)