SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. 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. 	A. Signature X Dell Grant Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: Bratland Farms 43175 Hwy25 Willow Lake, SD 57278	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
9590 9402 2836 7069 3909 59	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™	
2. Article Number (<i>Transfer from service label</i>) 7011 3500 0000 2765 5734	Insured Mail Insured Mail Restricted Delivery over \$500) Signature Confirmation Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage	\$	
☐ Certified Fee		
Certified Fee Return Receipt Fee (Endorsement Required)	0, 1,1	Postmark Here
Restricted Delivery Fee (Endorsement Required)		0
Total Postage & Fees	\$	and
Street, Apt. No.; or PO Box No.		
City, State, ZIP+4 Willaw Lake		
PS Form 3800, August 2	006	See Reverse for Instructions