 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. 	A. Signature X □ Agent □ Address
	B. Received by (Printer Name) C. Date of Deliv
Article Addressed to:	D. Is delivery address different from item 1?— ☐ Yes If YES, enter delivery address below: ☐ No
West Bay Exploration Company 13685 South West Bay Shore Drive Suite #200 Traverse City, MI 49684	3. Service Type Certified Mall Registered Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	reo 0000 2550 1750
PS Form 3811, February 2004 Domestic Re	urn Receipt 102595-02-M-1

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