7012 2210 0000 5367 8884

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

CAFO

Postmark Here

9/4/19

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+

Jennifer Chamo Nelson
Senior Director of Environmental Affairs
9000 W. 67th Street, Suite 200
Shawnee Mission, KS 66202
CAA-08-2019-0011

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to: SEP 0 5 2019

Jennifer Chamo Nelson
Senior Director of Environmental Affairs
9000 W. 67th Street, Suite 200
Shawnee Mission, KS 66202
CAA-08-2019-0011

9590 9402 3226 7196 2881 94

2. Article Number *(Transfer from service label)*
7012 2210 0000 5367 8884

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Lisa Rheuport C. Date of Delivery 9/9

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery