

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Mr. Raymond E. Kastendieck  
Registered Agent for FRM Chem, Inc.  
~~P.O. Box 267~~  
Highway 47 South  
Washington, MO 63090

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*R E Kastendieck*  Agent  
 Addressee

B. Received by (Printed Name) *R E Kastendieck* C. Date of Delivery *7-7-09*

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

*P.O. BOX 1654*  
*63090*

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 2760 0000 8650 1578

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>	<p>A. Signature  <i>RE Kastendieck</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>RE Kastendieck</i>      <i>7-7-09</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>P.O. BOX 1656</i>  <i>63090</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Raymond E. Kastendieck  Registered Agent for FRM Chem, Inc.  <del>P.O. Box 267</del>  Highway 47 South  Washington, MO 63090</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7006 2760 0000 8650 1578</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	



[Track & Confirm](#)

[FAQs](#)

# Track & Confirm

## Search Results

Label/Receipt Number: 7006 2760 0000 8650 1578

Service(s): **Certified Mail™**

Status: **Delivered**

Your item was delivered at 11:00 AM on July 7, 2009 in WASHINGTON, MO 63090.

### Detailed Results:

- **Delivered, July 07, 2009, 11:00 am, WASHINGTON, MO 63090**
- **Notice Left, July 06, 2009, 4:10 pm, WASHINGTON, MO 63090**
- **Notice Left, July 01, 2009, 8:48 am, WASHINGTON, MO 63090**
- **Arrival at Unit, July 01, 2009, 8:46 am, WASHINGTON, MO 63090**

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

### Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

