


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: <p style="font-size: 1.2em; color: blue;">TSCA-07-2012-0010</p> <p>Dale Bryan 4209 SW Stratford Road Topeka, Kansas 66604</p>	B. Received by (Printed Name) <p style="font-size: 1.2em; color: blue;">DALE BRYAN</p>	C. Date of Delivery <p style="font-size: 1.2em; color: blue;">FEB 25 2012</p>
2. Article Number (Transfer from mailpiece) <p style="font-size: 1.2em; color: blue;">7010 2780 0001 2211 3816</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		