## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. RFR □ Agent Print your name and address on the reverse X Address so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: PATRICK ELMORE C/D INFINITE RECYCLED TECHNOLDGIES, LLC D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: No No 909 16th STREET ALBERT LEA, MN 56007 USPS 3. Service Type Priority Mail Express® Adult Signature Registered Mail<sup>TM</sup> Adult Signature Restricted Delivery Registered Mail Restric Delivery 9590 9402 5673 9308 0081 17 Certified Mail® Certified Mail Restricted Delivery C Return Receipt for Collect on Delivery Merchandise Collect on Delivery Restricted Delivery □ Signature Confirmation 2. Article Number (Transfer from service label) Signature Confirmation ☐ Insured Mail 7019 2970 0001 2368 8773 Insured Mail Restricted Delivery (over \$500) **Restricted Delivery** PS Form 3811, July 2015 PSN 7530-02-000-9053 **Domestic Return Receip**