

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. 	<p>A. Signature <input checked="" type="checkbox"/> J. S. <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery SINGH HUNDAL 4.30.09</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.5em; margin-left: 20px;">CWA-07-2009-0008</p> <p>J. Singh Hundal Treasurer/Secretary Ozark Truck Stop 1690 Highway 5 Ozark, Kansas 65721</p> <p style="margin-left: 100px; font-size: 1.5em;">Fwdy →</p> <p>2. Article Number <small>(Transfer from service)</small></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 style="font-size: 1.5em; margin-left: 20px;">PO BOX 1580 Ozark MO 65721-1580</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input 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 style="font-size: 1.5em; margin-left: 20px;">7006 2760 0000 8648 6882</p>