

| 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Fred Nelson</i></p> | |
| <p>1. Article Addressed to:</p> <p>#SDWA-08-2015-0056 "SD"</p> <p>OCT 01 2015</p> <p>Fred Nelson, Registered Agent The Kinnear Store, Inc. P.O. Box 372, 11519 Hwy 26 Kinnear, WY 82516</p> | <p>B. Received by (Printed Name)</p> <p><i>Fred Nelson</i></p> | <p>C. Date of Delivery</p> <p><i>10-13-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>3. Service Type</p> <p><input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>7009 3410 0000 2600 9197</p> | | |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt</p> | <p>102595-02-M-1540</p> |