

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  <input checked="" type="checkbox"/> <i>Christopher T. Davenport</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <b>JUL 01 2015</b> <i>h</i>  <i>#SDWA-08-2014-0012</i> <i>h</i></p> <p>Mr. Christopher T. Davenport  Registered Agent  P.O. Box 214  Moose, WY 83012</p>	<p>B. Received by (Printed Name) <b>CHRISTOPHER T. DAVENPORT</b> C. Date of Delivery  D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;"><b>JUL - 5 2015</b></p>
<p>2. Article Number  (Transfer from service label)</p>	<p>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. <i>USPS</i></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 3410 0000 2600 1511</p>	