SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Agent Agent Agent Agent C. Date of Delivery
Article Addressed to: ,	D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No
TSCA -07-2011-0004 Patty Putter	
1750 180 th Street Marion, Kansas 66861	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. An 7006 2760 0000 8645	2320
PS Form 3811, February 2004 Domestic	Return Receipt 102598-02-M-1540
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