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. 1. Article Addressed to: 	Signature Agent Addressee C. Date of Delivery (0/20/10) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Chet D. Hiatt	3. Service Type
1908 S. Locust Street	Certified Mail Express Mail
Pittsburg, Kansas 66762	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Num 7006 2760 0000 8646 3234	
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540