

**SENDER: COMPLETE THIS SECTION**

- 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:

William Vestal  
Eldo W.R.M.S., Inc.  
11971 Grandview Road  
Grandview, MO 64030

2. Article Number  
(Transfer from service label)

7004 2510 0006 9725 6385

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Deborah Barton*

Agent

Addressee

B. Received by (Printed Name)

*Deborah Barton*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes