	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. Article Addressed to: Greg Landes, President Landes Oil 	A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery G.
	103 Hill Street Stewartsville, Missouri 64490	3. Service Type Insured Mail Express Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
	2. Article Number 7006 2760	0000 8650 9901
; •	PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540 ;

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