

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:

#SDWA-08-2015-0014

Robert W. Horn, Registered Agent
230 E. Broadway, Suite 3A
P.O. Box 4199
Jackson, WY 83001

E

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Robert W. Horn Addressee

B. Received by (Printed Name) C. Date of Delivery
Robert W. Horn

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

2. Article Number
(Transfer from service label)

7008 3230 0003 0724 6249