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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CWA-07-2008-0017	
Michael S. Hack	
Designated Member Shawnee Terra, LLC 3434 Taurus Avenue Topeka, Kansas 66605	3. Service Type  Certified Mall
Topoka, Tanton V	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from se) 7004 2510 0006 9722 2328	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540