| 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  X. Addressee  B. Received by (Printed Name)  C. Date of Delivery  3-12-1  D. Is delivery address different from Item 1? Yes  If YES, enter delivery address below: No |
| Scott A. Hoard, Owner<br>Hoard Oil<br>810 Grant Street   | 3. Service Type Certified Mail Registered Insured Mail C.O.D.   |
| Courtland, Kansas 66939  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Numt 7006 2760 0000 8   | 1645 3464   |
| (Transfer fron   | aturn Receipt 102595-02-154   |