COMPLETE THIS SECTION ON DELIVERY
A. Signature X And Johnst Agent Addresses B. Received by (Printed Name) 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 Registered Return Receipt for Merchandise Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
3410 0000 2597 2102