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. 		B. Received by (Printed Name) C. Date HOWARD SPECIAL	Agent Addressee C. Date of Delivery
Patrick G. Day Registered Agent for Dial Highlands Quad Citics, L.L.C. 11506 Nicholas Street, Suite 200 Omaha, NE 68154		D. Is delivery address different from them 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		☐ Insured Mail ☐ C.O.D.	Receipt for Merchandise
		4. Restricted Delivery? (Extra Fee	9)
Article Number (Transfer from service lab.,	7004 2510	0006 9718 3483	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			