

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.

National Registered Agents, Inc.
Registered Agent for The Askins Development Group, LLC
120 S. Central Avenue, Suite 400
Clayton, MO 63105

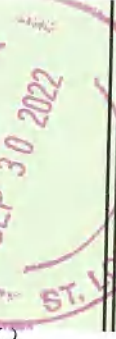
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
James White

B. Received by (Printed Name) Addressee
James White

C. Date of Delivery Yes
9-30-22 No

Is different from item 1? Yes
 every address below: No



3. Service type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
 7014 1200 0000 4127 9060

PS Form 3811, July 2013 Domestic Return Receipt