 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired. Print your name and address on the reverse. 	A A A A A A A A A A A A A A A A A A A
so that we can return the card to you. Attach this card to the back of the mailpid or on the front if space permits.	ece, Received by (Printed Name) C. Date of Deliver LANK LENDAD DAY &
1. Article Addressed to:	If YES, enter delivery address below:
Nicholas Blasi Registered Agent for Frontline Developmen	
909 Walnut, Suite 9704 Kansas City, MO 64106	3. Service Type Certified Mall Registered Return Receipt for Merchand Insured Mall C.O.D.
,	4. Restricted Delivery? (Extra Fee) ☐ Yes