

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

Mr. Saud Shahram, Registered Agent  
Fast Stop 1133 Inc.  
P.O. Box 150545  
Ogden, UT 84415

DEC 8 2 2013 Corrected  
SDWA-DB-2020-0009 - Version



9590 9402 3365 7227 3982 10

7012 2210 0000 5374 1670

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Denise Wilcox  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery  
Denise Wilcox 12-10-19
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |                                                              |                                                                     |
|--------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                     | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                 | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery            |                                                                     |
- (over \$500)