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. 1. Article Addressed 15 TX OOM STIME Comfort Director of Operations & Materials	A. Signature X. Addressee B. Received by (Printed Name) C. Date of Delivery 3/24 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
1200 W. Marley Road	3. Service Type
Olathe, Kansas 66061	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0000	8647 7415
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1440	