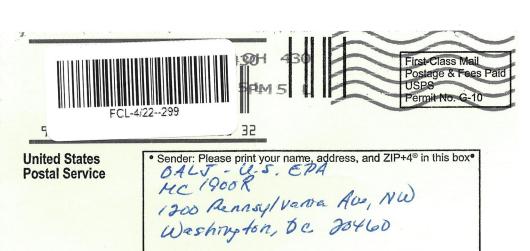
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3.	A. Signature
	Print your name and address on the reverse so that we can return the card to you.	X Agent
1	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
ı	or on the front if space permits.	CHAPLES KENIMER
1	1. Article Addressed to:	D. Is delivery address different from item 1? Yes
1	Brad Gooden	If YES, enter delivery address below:
1	Owner, Frontline Groups acc	
ı	USID Bridgeway AVE.	
	Brad Gooden Owner, Frontime Broup LLC 4510 Bridgeway Ave. Columbus, OH 43719	
ł		3. Service Type ☐ Priority Mail Express®
1		Adult Signature ☐ Registered Mail™
1		☐ Adult Signature Restricted Delivery ☐ Registered Mail Restrict Delivery ☐ Delivery Delivery
ı	9590 9402 4009 8079 7315 32	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
I	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation
The same	7020 2450 0001 1295 0239	ed Mail Restricted Delivery Restricted Delivery \$500)
100	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
1		



Frontine Group LLC FIFRA-09-2073.8096

RECEIVED BY OAL THE PROPERTY OF THE PROPERTY

APR 2 7 2024