

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. <i>NO III-PEN</i> 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>JOSE E. ORELLANA, OWNER JOSE E. ORELLANA D/B/A J & R TOWING 2300 EMMETT AVE HAYSVILLE, KS 67060</p>		<p>B. Received by (Printed Name) <i>Jose Orellana</i></p>	<p>C. Date of Delivery <i>9-19-15</i></p>
		<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p>9-15-15</p>		<p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7009 2820 0000 5905 6270</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540