

PROOF OF SERVICE

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. <u>15-880</u>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <u>S. Hatcher</u></p> <p>B. Received by (Printed Name) C. Date of Delivery <u>S. Hatcher</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: DAVID W. NICKEL CHARLES C. STEINCAMP DEPEW GILLEN RATHBUN & MCINTEER, LC 8301 E 21 ST NORTH STE 450 WICHITA KS 67206		Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

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