

For Commission Staff

**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, or on the front if space permits. 17-106-PEN

PATRICK CONNOLLY, PRESIDENT  
PMC, INC. D/B/A KANSAS CITY SCAFFOLD  
316 SHAWNEE  
KANSAS CITY, KS 66105



927 9590 9403 0605 5183 2452 13

2. Article Number (Transfer from service label)

7012 2920 0001 4263 2490

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Patrick Connolly*

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-3-16

address different from item 1? ☐ Yes  
or delivery address below: ☐ No

**3. Service Type**

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail Restricted Delivery (0)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt