

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. **19150-PEN**

DAVID J. BASCOM, OWNER
 DAVID J. BASCOM D/B/A HEARTLAND TRUCKIN'
 2330 RD 142
 DELIA, KS 66418

COMPLETE THIS SECTION ON DELIVERY

A. Signature

David J. Bascom☐ Agent☒ Addressee

B. Received by (Printed Name)

DAVE BASCOM

C. Date of Delivery

10-31-2018

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



10-25 9590 9402 2589 6336 9305 96

2. Article Number (Transfer from service label)

7016 1970 0001 0574 4905

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail®
- ☐ Insured Mail Restricted Delivery

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

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

Domestic Return Receipt