

For Commission Staff

SENDER: COMPLETE THIS SECTION

- 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. 17442-PEN

DEBORAH MCINTYRE, PRESIDENT
D BAR B, INC.
1021 N RIDGE RD
WELLINGTON, KS 67152-8015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Deborah McIntyre☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/10/17

Address different from item 1? ☐ Yesor delivery address below: ☐ No☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7016 1970 0001 0574 1096

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540