

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.

14-749

1. Article Addressed to:

STEVE CRAWFORD
CROWN WELL SERVICE INC.
650 E WISCONSIN
RUSSELL KS 67665

2. Article Number
(Transfer from service label)

7013 2250 0001 0099 0942

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Daryna Crawford*☐ Agent☐ Addressee

B. Received by (Printed Name)

Daryna Crawford

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes