

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. 19-425-PEN

DEWEY W. HUBER, OWNER  
DEWEY W. HUBER D/B/A LIBERTY TRUCKING  
PO BOX 2507  
GARDEN CITY, KS 67846



9590 9402 2589 6336 9322 86

2. Article Number (Transfer from service label)

7012 2920 0001 4263 3947

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ZACHARY HUBER

Agent

Addressee

## B. Received by (Printed Name)

ZACHARY HUBER

## C. Date of Delivery

5-8-19

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
- ☐ Insured Restricted Delivery

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

Domestic Return Receipt