

For Commission Staff

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. *Amdu P.O.*
- 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. *18-467-PEN*

RAY L. MYERS, OWNER  
RAY L. MYERS D/B/A MYERS TRANSPORT  
1775 HIGHWAY 24 WEST  
GOODLAND, KS 67735-8702



*67* 9590 9402 2589 6336 9041 15

2. Article Number (Transfer from service label)

7016 1970 0001 0574 5940

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Ray Myers*

☐ Agent

☐ Addressee

B. Received By (Printed Name)

*Ray Myers*

C. Date of Delivery

*6-11-15*

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 Mail®
- ☐ Insured Mail Restricted Delivery

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