

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits. <b>18-002-PEN</b></li> </ul>		<p>A. Signature  <b>X</b> <i>Dorothy Melville</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>JERRY W. HOPPE, OWNER  JERRY W. HOPPE D/B/A HOPPE'S TRUCKING  PO BOX 523  GLASCO, KS 67445-9346</p>		<p>B. Received by (Printed Name)  <b>DOROTHY Melville</b></p> <p>C. Date of Delivery  <b>7-17</b></p>	
		<p>Address different from item 1? <input type="checkbox"/> Yes  per delivery address below: <input type="checkbox"/> No</p>	
<p><b>13</b> 9590 9402 2448 6249 6039 01</p> <p>2 Article Number (Transfer from service label)  <b>7016 1970 0001 0574 0365</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	