

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. *16-253-PEN*

JACOB P. FRIESSEN, OWNER  
JACOB P. FRIESSEN D/B/A J-R TRUCKING  
PO BOX 324  
SUBLETTE, KS 67877



*12-1-15*  
9590 9403 0605 5183 2470 71

2. Article Number (Transfer from service label)

7010 3090 0000 7200 3046

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jacob Friessen* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*Jacob Friessen* 12-4-15

C. Date of Delivery

Address different from item 1? ☐ Yes  
or delivery address below: ☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery                     |   |