

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. 18-235-PEN

HECTOR D. URTEAGA, OWNER
HECTOR D. URTEAGA D/B/A PAPA TRUCKING
106 N 9TH ST
GARDEN CITY, KS 67846-8353



12-12 9590 9402 2448 6249 6032 46

2. Article Number (Transfer from service label)

7016 1970 0001 0574 2635

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Burica*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ana BURICA

C. Date of Delivery

12-15-12

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"/> Insured Mail Restricted Delivery | |

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

Domestic Return Receipt