

For Commission Staff

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. 20-008-PEN</p>		<p>A. Signature <i>* Maria Delgado</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Maria Delgado</i></p> <p>C. Date of Delivery <i>7-15-19</i></p>	
<p>JESUS N. DELGADO, OWNER JESUS N. DELGADO D/B/A DELGADO TRUCKING 1020 E IRON SALINA, KS 67401</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1-11 9590 9402 2218 6193 7315 39</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0001 4263 3237</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt