

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. *17-454-PEN*

RACHELLE SLOAN, OWNER
RACHELLE SLOAN D/B/A R & J TRACKING
32579 OSAWATOMIE RD
PAOLA, KS 66071-4877

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rachelle Sloan*
 Agent
 Addressee
B. Received by (Printed Name) *Rachelle Sloan*
C. Date of Delivery *4-25-17*

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

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

3-15
2. Article Number (Transfer from service label) 7016 1970 0001 0574 1027