SENDER: COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X ☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
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310 W. 49 th St #503	
Kansas City No	
U4112	3. Service Type ☐ Priority Mail Express®
	3. Service Type
9590 9402 7883 2234 3394 84	☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
9589 0710 5270 1417 9530	54 Aail Restricted Delivery
S Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
8	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
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Undy School of Christians	If YES, enter delivery address below:
IAN PR(II) Blue Pankwa	PLEASE SIGN + PRINT AND LEAVE AT POST SCENCE 1
Market Market	AND LEAVE AT 1057
Whole William Leyous	OFFICE!!
Unity VI Magle	3. Service Type □ Priority Mail Express® □ Adult Signature □ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail®
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PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
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■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	□ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
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1. Article Addressed to:	If YES, enter delivery address below:
Licomo Trucking Inc 4133 Gardner Hre	
4133 Gardner the	
Kansas Cety Mo 164120	~
(Consultation)	3. Service Type □ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 7883 2234 3395 07	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
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PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.Print your name and address on the reverse	A. Signature
so that we can return the card to you.	Addressee Lands
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
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