TG-170 916 10/6/17 SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, id 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X(', Wilkins \squaressee
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
1. Article Addressed to: LOGGED CASES	D. Is delivery address different from tem 1?  Yes  If YES, enter delivery address below:
EMAILED PL	9.3
Bed Rock. Inc.	
8141 E 7th Street	In The Control of the
Joplin MO 64801	3 Santice Type 12 District Mall Everosco
	3. Service Type ☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature ☐ Registered Mail™☐ ☐ Registered Mail Restricted Delivery
9590 9402 1824 6104 1843 53	☐ Certified Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery ☐ Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Insured Mail ☐ Signature Confirmation
7015 0920 0001 8189 1172	☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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