

I	10/5/09 TC-2010-0107
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
KMC Data LLC Legal Department Step 260 Service Type	
3200 W. Pleasant Run Rd. Ste. 2 Lancaster, TX 75 46	Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 0710 0002	2048 0806
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540