

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	☐ Age
■ Print your name and address on the reverse	X Den John add
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 D
or on the front if space permits.	DENNIS BOBBINIS/5
1. Article Addressed to:	D. Is delivery address different from item 1?
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Legal Department SNR Reg Agent Services, Inc.	
4520 Main St., Ste. 1100	3. Service Type  X. Certified Mail
Kansas City, MO 64111	Certified Mail
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	
(Transfer from service label 7001 1940	0002 6942 6140
PS Form 3811, August 26 Domesti	c Return Receipt 102595-02