

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>C. Gildehaus</i> <div style="float: right;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to: 11/7/13 B.M. PCB 2014-021 Tim Banze T.S. Banze Construction, Inc. 619 Shamrock Estate Lane Foristell, MO 63348	B. Received by (Printed Name) <i>Cindy Gildehaus</i>	C. Date of Delivery <i>11/12/13</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 0110 0001 8270 5619		
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540