

LABELS LABELS LABELS LABELS LABELS LABELS LABELS LABELS

LABELS

LABELS

LABELS

LABELS

LABELS

LABELS

LABELS

LABELS

LABELS

LABELS

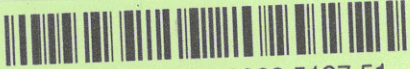
LABELS

LABELS

LABELS

LABELS

LABELS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none">Complete items 1, 2, and 3.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 WCS CC9 C I X Cass Vet	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<p>PCB 21-79 Gary Holloway Applewood Farms of Virginia 5793 IL Rte. 78 N Virginia, IL 62691</p>		B. Received by (Printed Name)	C. Date of Delivery	
 9590 9402 5991 0062 5197 51		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Article Number (Transfer from service label) 7019 1640 0000 3382 4662		3. Service Type <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt		