

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N                                              | Alas/04 TC-4/4<br>COMPLETE THIS SECTION ON DEL                                                                                             | IVERY                        |
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| <ul> <li>Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your attach this card to the back of the ror on the front if space permits.</li> <li>Article Addressed to:</li> <li>Congee Communications Com</li></ul> | emplete<br>ed.<br>reverse<br>ou.<br>nailpiece, | A. Signature  B. Regeived by (Printed Name)  CLSSICA LOVEY  D. Is delivery address different from ite  If YES, enter delivery address belo |                              |
| 300-B East High Street Jefferson City, MO 65101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>-</b> ノ                                     | 3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Rec ☐ Insured Mail ☐ C.O.D.                                         | ail<br>ceipt for Merchandise |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | 4. Restricted Delivery? (Extra Fee)                                                                                                        | ☐ Yes                        |
| Article Number     (Transfer from service label)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7001 194                                       | 0 0005 6945 6041                                                                                                                           |                              |
| PS Form 3811, August 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Domestic Return Receipt                        |                                                                                                                                            | 102595-02-M-1540             |

Section 1 and 1 an