

EC-2024-0289

4/8/2024

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

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Every Metro, Inc.
One Kansas City Place
1200 Main Street
P.O. Box 418679
Kansas City, MO 64105

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions