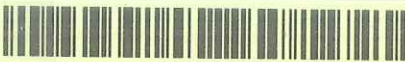


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature B. Received by (Printed Name) <i>Scott E. [Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	C. Date of Delivery <i>8/10/26</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
AUG 10 2026 JOPLIN MISSOURI 64801	
 9590 9402 8047 2349 8814 51	E. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☒ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	

Domestic Return Receipt

USPS TRACKING #

SOURCE FIELD NO 658

11 AUG 2026AM 2 L

9590 9402 8047 2349 8814 51

**United States
Postal Service**

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MO Public Service Commission
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