

7016 0340 0000 8349 1042

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____


Total Postage and Fees
 \$ _____

Mr. Harold Collins

Sent To
 Carmeuse Lime & Stone
 Street and Apt. No., or PO Box No.
 486 Clinch Valley Rd.
 City, State, ZIP+4®
 Luttrell, TN 37779

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
APR 22 2019
 KNOXVILLE TN GMF WINDOW
 37950-USPS

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jeffrey Freels</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>T. Freels</i></p> <p>C. Date of Delivery <i>4/26/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">APR 26 2019</p> <p style="text-align: right;"><i>DWR-MS</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Harold Collins Carmeuse Lime & Stone 486 Clinch Valley Rd. Luttrell, TN 37779</p> <p> 9590 9402 3790 8032 5964 59</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7016 0340 0000 8349 1042</p>	<p>(over \$500)</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt