

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Article Addressed to:

CARRAWAY MEDICAL SYSTEMS LLC
2101 W Chesterfield Blvd Ste C100-95
Springfield, MO 65807

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7011 3500 0000 6147 9785

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Insured Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

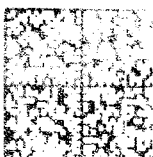
BD4/4/13

CERTIFIED MAIL™

Max Maxfield
Wyoming Secretary of State
200 W 24th St # 110
Cheyenne, WY 82002



7011 3500 0000 6147 9785



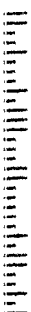
POSTAGE
\$006.11⁰
00134 11-02PR 04 013

PNK

CARRAWAY MEDICAL SYSTEMS LLC
2101 W Chesterfield Blvd Ste C100-95
Springfield, MO 65807

NIXIE 641 SE 1 00 04/12/13
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 82002 *2820-07611-04-40



65807*6947

