

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

DAL Trust  
 c/o Dennis Lawrence  
 17 E Olive Street  
 Aurora, MO 65605



9590 9402 5683 9346 1450 55

2. Article Number (Transfer from service label)

7020 1290 0000 3512 0354

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Dennis Lawrence*  Agent  Addressee

B. Received by (Printed Name)

Dennis Lawrence

C. Date of Delivery

3/9/22

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. 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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™  
 CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

\$ 3.75

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

- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$ .53

Total Postage and Fees

\$ 7.33

Sent To

DAL Trust, c/o Dennis Lawrence

Street and Apt. No., or PO Box No.

17 E Olive Street

City, State, ZIP+4®

Aurora, MO 65605

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

See Reverse for Instructions

7020 1290 0000 3512 0354

