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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
66-30SB(1370) KDL1NVESTMENTS, LLC c/o CARRIE LAWRENCE, REG AGENT	3. Service Type ☐ Priority Mail Express®
1800 CHURCHMAN AVENUE INDIANAPOLIS, IN 46203	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery
2. Article Number (Transfer from service label) 7017 2400 0000 0751 81	□ Collect on Delivery Restricted Delivery □ Signature Confirmation □

Domestic Return Receipt

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