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:

MID SOUTH CAPITAL PARTNERS LP
P.O. BOX 525
LEXINGTON, KY 40588

9590 9403 0234 5146 2951 45

2. Article Number *(Transfer from service label)*

7012 3050 0000 8583 5290

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Mindy Richardson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Mindy Richardson

C. Date of Delivery 10-15-18

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ed Mail
- ed Mail Restricted Delivery $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt