

FILE

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17-01-AU-RPT

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. 	A. Signature <input checked="" type="checkbox"/> <i>Matthew Allyn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																	
1. Article Addressed to: STONEPILLAR ENERGY LLC MATTHEW ALLYN 3982 POWELL RD POWELL OH 43065	B. Received by (Printed Name) <i>Matthew Allyn</i>	C. Date of Delivery <i>8-19-17</i>																
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
2. Article Number (Transfer from service label) 9590 9403 0762 5196 5208 20 17-01	3. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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PS Form 3811, April 2015 7016 2140 0001 0285 8043		<input type="checkbox"/> Return Receipt																

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1. Article Addressed to: GLOBAL COMMUNICATIONS NETWORK INC CHRISTOPHER PORTER 30628 DETROIT ROAD #298 WESTLAKE OH 44145	B. Received by (Printed Name) <i>Gretchen L. Bondy</i>	C. Date of Delivery <i>8/21/17</i>																
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
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PS Form 3811, April 2015 PSN 7530-02-000-9053		<input type="checkbox"/> Domestic Return Receipt																

This is to certify that the images appearing are an accurate and complete representation of the file document delivered in the original form.

Technician *M* Date *AUG 23 2017*