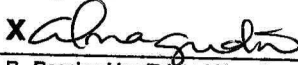


0000-0000-0041-3725

Document Control Sheet

Sheet Title:	AIR CP - GH
Box ID:	12236
Control Sheet ID:	0000-0000-0041-3725
Record Series Name:	OCE / Air Compliance
Record Series:	AIR CP
Primary ID:	100224799
Secondary ID:	
Doc Type:	Compliance
Security:	Public
Date:	10/24/2019 12:00AM
Title:	Investigation
Tertiary ID	1604477

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MR. JESSE ZERINGUE, PRESIDENT LION ELASTOMERS 1615 MAIN STREET PORT NECHES, TEXAS 77651 AIR_CP_100224799_CP_20191024_INV_1604477_.PDF</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>11/14/19</u></p>	
<p>2. Article Number (Transfer from service label) 7017 2620 0000 2967 2807</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type Beaumont</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 INV. 1604477 J. Morrell Domestic Return Receipt</p>			

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