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:

Dkt 20230000-OT
DN 04740-2023

Conexon Connect LLC
c/o Mr. Mark Koval
2323 Grand Boulevard, STE 300
Kansas City, MO 64108

9590 9402 6460 0346 0136 63

2. Article Number *(Transfer from service label)*
7020 1290 0000 7279 2163

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] 8/9
☒ Agent
☐ Addressee

B. Received by *(Printed Name)* Mail Box
C. Date of Delivery 8-6-26

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt