


EXHIBIT K

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>SR</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Bruce & Betty Jean Firneckas 521 South Hamilton Powell, WY 82435  9590 9402 6448 0346 6897 74	B. Received by (Printed Name) <i>COOZ/C19</i>	C. Date of Delivery <i>02/25/21</i>
2. Article Number (Transfer from service label) 7012 2920 0000 7697 6424	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT BHB
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com.

1. Article Number 7012 2920 0000 7697 6424	2. Date of Receipt 02/25/21
3. Recipient Name Bruce & Betty Jean Firneckas	4. Post Office Powell, WY
5. Recipient Address 521 South Hamilton Powell, WY 82435	6. Signature <i>[Signature]</i>

PS Form 3800, August 2006 See Reverse for Instructions