

Drug Enforcement Administration

PETITION FOR EXEMPTION

August 27, 2020

Exhibit #2

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:
 Drug Enforcement Administration
 Diversion Control Div./DC
 8701 Morrisette Dr.
 Springfield, VA 22152



9590 9402 3836 8032 0115 26

2. Article Number (Transfer from service label)
 7017 2680 0000 3373 5200

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Robert Greeley* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Robert Greeley 2-4-19

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

3. Service Type

<input 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"/> 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 (over \$500)	