

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ P CWA-07-2006-0220 reverse</p> <p>■ S PARKER-HANNIFIN U. tailpiece,</p> <p>■ A</p> <p>o</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Ellie Wilson</i></p>	
<p>1. Article Addressed to:</p> <p>Steven J. Poplawski Bryan Cave LLP One Metropolitan Square, Suite 3600 St. Louis, Missouri 63102-2750</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 11-18-06</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">17</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7004 2510 0006 9719 8043</p> <p style="text-align: right;">102595-02-M-1540</p>	