COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. C Agent on Ellen Х Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. Tom わっしつ Ebben or on the front if space permits. D. Is delivery address different from item 1? Yes -0283 🗆 No If YES, enter delivery address below: 17-.2000 David M. Traster, Esq. Foulston Siefkin, LLP 3. Service Type 1551 N. Waterfront Parkway Certified Mail Express Mail Registered Return Receipt for Merchandise Suite 100 Insured Mail C.O.D. Wichita, Kansas 67206-4466 4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number 7004 2510 0006 9720 9299 (Transfer from service nace PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540