

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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: *Skylway*  
*TSCA-07-2008-0023*  
Dean Walker  
1613 South Claremont  
Independence, Missouri 64052

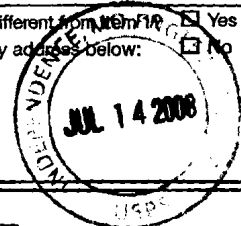
2. Article Number (Transfer to) *7006 2760 0000 8652 1736*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Dean Walker*  Agent  
*Dean Walker*  Addressee

B. Received by (Printed Name) C. Date of Delivery

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes