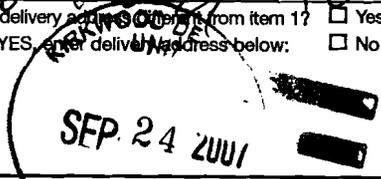


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Rosemary Dryden</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <b>FIRA-07-2007-0021</b>   Mary Anne Auer  Chief Executive Officer  Wexford Labs, Inc.  325 Leffingwell Avenue  Kirkwood, Missouri 63122</p>	<p>B. Received by (Printed Name)  <i>DRYDEN</i></p>	<p>C. Date of Delivery  <b>9/24</b></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article (Trans) <b>7004 2510 0006 9720 2986</b></p>		
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>C. Sarroy</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Wexford</i>  <b>FIRA-07-2007-0021</b>   Stanley H. Abramson, Esq.  Arent Fox LLP  1050 Connecticut Ave. NW  Washington, DC 22036</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery  <b>9/24/01</b></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article (Trans) <b>7004 2510 0006 9720 2979</b></p>		
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>		

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