

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:

Michael E. Anfang
Staff Attorney
Dept. Of Veteran Affairs
1201 Walnut Street, Ste 800
Kansas City, MO 64106

2. Article Number
(Transfer from service label)

7006 2760 0000 865J 0327

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x ✓ Chris M Addressee

B. Received by (Printed Name) C. Date of Delivery
✓ Cheryl D. Coakley - 2-21-09

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