

7004 2510 0006 9720 3655

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
Certified Fee _____

Postmark Here

Return (Endorsement) Terrance Frazier
Restricted (Endorsement) 4516 Waverly Avenue
Kansas City, Kansas 66104

Total Pct _____
Sent To _____
Street, Apt. No., or PO Box No. _____
City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

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:
TSCA-07-2008-0003
Terrance Frazier
4516 Waverly Avenue
Kansas City, Kansas 66104

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Terrance Frazier* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery FEB 1 2008

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

2. Article Number (Transfer from service label) 7004 2510 0006 9720 3655