	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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: Color C	 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. 	A. Signature Agent Addressee Addressee Addressee B. Freceived by (Frinted Name) C. Date of Delivery 3 - 7 - 0 7 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
	Z002	
	One Metropolitan Square, Suite 2600 St. Louis, Missouri 63102	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 servic	3006 9719 8722
	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540