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:

Barbara Atkinson, MD
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jack Kitner ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 10-4-06

D. Is delivery address different from item 1? ☐ Yes SC
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 9726 4250

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Reginald L. Robinson
Kansas Board of Regents
1000 SW Jackson St., Suite 520
Topeka, Kansas 66612

COMPLETE THIS SECTION ON DELIVERY

A. Signature
John Q Perkins ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery OCT 4 2006

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 9726 3949

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540