

**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:

*Ray Avenue*  
*VERO LA-07-2009-0008*

Bob Schultz  
Schultz & Associate, LLP  
640 Cepi Drive  
Chesterfield, Missouri 63005

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Elkins*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

*7/6/09*

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

2. Article Number *7006 2760 0000 8648 7223*  
(Transfer from ser...)