

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

(Endo) Robert B. Alfors, Sr.

(Rest) P.O. Box 181
 (Endo) Axtell, Kansas 66403

Total

(Sent)

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0006 9722 2410

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-07-2008-0020
 Robert B. Alfors, Sr.
 P.O. Box 181
 Axtell, Kansas 66403

2. Article N
 (Transfer from _____)

7004 2510 0006 9722 2410

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Julie A. Tillery Addressee

B. Received by (Printed Name) C. Date of Delivery
 Julie A. Tillery 04-9-08

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