

**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: Shawnee M. Med. Ctr.

RERA-07-2009-0004

Mark Sappington, Attorney  
Kutak Rock  
1010 Grand Boulevard, Suite 500  
Kansas City, Missouri 64106-2220

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
X Palof  Addressee

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

Paul F. [unclear]  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

6002 S I WAW  
MAY 15 2009  
USPS MAIL

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0000 8648 6974  
(Transfer from service \_\_\_\_\_)