

7004 2510 0006 9720 3662

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To **Ventura and Lorena Lobato**  
**P.O. Box 6042**  
**Kansas City, Kansas 66106**

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

PS Form 3800, June 2002 See Reverse for Instructions

**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-07-2008-0002**  
**Ventura and Lorena Lobato**  
**P.O. Box 6042**  
**Kansas City, Kansas 66106**

2. Article Number  
*(Transfer from service label)* **7004 2510 0006 9720 3662**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 **Ventura Lobato**  Addressee

B. Received by (Printed Name) **Ventura Lobato** C. Date of Delivery **2/06/08**

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