

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.5em; margin-left: 20px;">FIFRA-07-2005-0370</p> <p style="margin-left: 20px;">Jeffrey Lucas Stigall, Humphrey, Lucas & Levine 1100 Main Street, Suite 2620 Kansas City, Missouri 64105</p>	<p>B. Received by (Printed Name) David Swearing</p>	<p>C. Date of Delivery 7/15/06</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em; margin-left: 20px;">7004 2510 0006 9724 8281</p> <p style="text-align: right; font-size: 0.8em;">102595-02-M-1540</p>	