

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

7006 2760 0000 8652 1712

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
Olathe West Developers, Inc. Project Manager		
Sent To: c/o The RH Johnson Company		
Street or PO: 4520 Madison Avenue, Suite 300		
City, State: Kansas City, Missouri 64111		

PS Form 3800, August 2006

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:

CWA-07-2008-0056
 Olathe West Developers, Inc.
 Project Manager
 c/o The RH Johnson Company
 4520 Madison Avenue, Suite 300
 Kansas City, Missouri 64111

2. Article Number
 (Transfer from service label)

7006 2760 0000 8652 1712

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Loisler 7/9/08

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