

7002 0860 0006 5967 3922

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

**OFFICIAL USE**

Postage \$ \_\_\_\_\_

Certi  
 Return Rec (Endorsement F)  
 Restricted Deliv (Endorsement R)  
 Total Postage \$ \_\_\_\_\_

Guy Tiner  
 Registered Agent for  
 Lei Valley Redevelopment LLC  
 P.O. Box 372  
 Bonner Springs, Kansas 66012-0000

Sent To \_\_\_\_\_

Street, Apt. No.; or PO Box No. \_\_\_\_\_

City, State, ZIP+ 4 \_\_\_\_\_

PS Form 3800, April 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:  
 CWA-07-2005-0200  
 Guy Tiner  
 Registered Agent for  
 Lei Valley Redevelopment LLC  
 P.O. Box 372  
 Bonner Springs, Kansas 66012-0000

2. Article Number (Transfer from service label) 7002 0860 0006 5967 3922

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Melissa Breedlove*  Agent  Addressee

B. Received by (Printed Name) *Melissa Breedlove*

C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7002 0860 0006 5967 3939

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

**OFFICIAL USE**

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return F (Endorsement)  
 Restricted (Endorsement)  
 Total Pos \_\_\_\_\_

Alan Brooks P.E.  
 Bureau of Water (Construction Permits)  
 Division of Environment  
 KDHE  
 1000 SW Jackson, Suite 420  
 Topeka, Kansas 66612

Sent To \_\_\_\_\_

Street, Apt. No.; or PO Box No. \_\_\_\_\_

City, State, ZIP+ 4 \_\_\_\_\_

PS Form 3800, April 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:  
 CWA-07-2005-0200  
 Lei Valley  
 Alan Brooks P.E.  
 Bureau of Water (Construction Permits)  
 Division of Environment  
 KDHE  
 1000 SW Jackson, Suite 420  
 Topeka, Kansas 66612

2. Article Number (Transfer from service label) 7002 0860 0006 5967 3939

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Alan Brooks*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery *2/2/2005*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 102595-02-M-1540