

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:

Gary Gaines
 MDNR
 2155 N. Westwood Blvd.
 Poplar Bluff, MO 63901

 2. Article Number
 (Transfer from service label)
COMPLETE THIS SECTION ON DELIVERY
 A. Signature
 x Pam Foster Agent Addressee

 B. Received by (Printed Name) C. Date of Delivery
 Pam Foster 8-10-07

 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

7004 2510 0006 9725 0925