| 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 malipiece, or on the front if space permits. 1. Article Addressed to: Jack M. Horas Horas, Radice & Kellett, LLC 911 Washington Avenue Suite 400 St. Louis, Missouri 63101 2. Artic (Praister norm see recovery) PS Form 3811, February 2004 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A Signature Signature Signature Signature A Signature Signature Signature Signature A Signature Signature Signature A Signature D Addressed D Addressed D - de delivery address different from Item 1? D yes In YES, enter delivery address below: NYES, enter delivery address 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 | □ 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: □ Jack M. Horas Horas, Radice & Kellett, LLC 911 Washington Avenue Suite 400 St. Louis, Missouri 63101 A Signature □ Addressee B. Rectived by (Printed Mine) □ C. Date of Delivery □ D. te delivery address different from Item 17 □ 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 |
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