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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
1201 Walnut Street Kansas City, Missouri 64106	3. Service Type    Cortified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.
_	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0000 8652 1620 (Transfer from servi	
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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