SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also completed them 4 if Restricted Delivery is desired. Print your name and address on the reves on that we can return the card to you. Attach this card to the back of the mailpior on the front if space permits. Article Addressed to: 2008 - 000 Amount of the complete o	Se X / Autil Will Address: B. Received by (Printed Name) C. Date of Delivery Company (Printed Name)
Lathrop & Gage. L.C. 2345 Grand Blvd., Suite 2800 Kansas City, Missouri 64108	3. Service Type Certified Mall
2. Article Number	510 0006 9720 3600

•