SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X Bob Fall Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery Address different from item 1? Yes If YES, enter delivery address below:
Tom Boyce, Member CON, MO	#4. P. T.
P.O. Box 331 Branson, Missouri 63615	3. Service Type Certified Mall Registered Return Receipt for Merchandise C.O.D.
USPS	4. Restricted Delivery?,(Extra Fee)
2. 7006 2760 0000 8651 0037	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540