

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0006 9722 2304

Postage \$		Postmark None
Certified Fee		
Return Receipt Fee (Endorser)		
Restrict (Endorser)	Scott Young, Attorney Polsinelli Shalton Welte Suelthaus 700 W. 47th Street Suite 1000 Kansas City, Missouri 64112	
Total Pr		
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

PS Form 3800, June 2002

See Reverse for Instructions

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:

MIAMI TECH
EPCRA-07-2008-0002

Scott Young, Attorney
Polsinelli Shalton Welte Suelthaus
700 W. 47th Street
Suite 1000
Kansas City, Missouri 64112

2. Article
(Transf

7004 2510 0006 9722 2304

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ken Tilson*

- Agent
 Addressee

B. Received by (*Printed Name*)

Ken Tilson

C. Date of Delivery

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