

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:

ROBA-07-2011-0012

Michael E. Arfang, Attorney
 Department of Veterans Affairs
 Office of Regional Counsel
 1201 Walnut Street, Suite 800
 Kansas City, Missouri 64106

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M E Arfang

Agent

B. Received by (Printed Name)

M E Arfang

Addressee

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
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Numbr 7006 2760 0000 8652 7242
 (Transfer from)

PS Form 3811, February 2004 Domestic Return Receipt 102295-02-44-1540