

7009 3410 0000 2594 7827

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	

Postmark  
Here

**Stuart M. Kowalski, General Counsel**  
**Slawson Companies, Inc.**  
 727 N. Waco, Suite 400  
 Wichita, Kansas 67203

Sent To

Street, Ap  
or PO Box  
City, State, ZIP+4

CAA 08-2011-002919

PS Form 3800, August 2006

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:

9

**Stuart M. Kowalski, General Counsel**  
**Slawson Companies, Inc.**  
 727 N. Waco, Suite 400  
 Wichita, Kansas 67203

CAA-08-2011-002919

2. Article Number

(Transfer)

7009 3410 0000 2594 7827

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

X *MASTIN*

C. Date of Delivery

*8/29/11*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

AUG 30 2011

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540