

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>x Ali O'Halloran</i>	
1. Article Addressed to: <i>Sedan</i> <i>AFRA-07-2008-0034</i>  Edward L. Robinson Morris Laing Evans Brock & Kennedy 300 N. Mead, Suite 200 Wichita, Kansas 67202-2745	B. Received by (Printed Name) <i>Ali O'Halloran</i>	C. Date of Delivery <i>OCT 03 2008</i>
2. Article Number <i>(Transfer from service)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  7006 2760 0000 8650 9390	
	102895-02-M-1549	