

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

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

7004 2510 0006 9726 7718

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

Postmark
 MAY 2 2005

Total Postage

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

Mr. Ed Jones
 Reg. Agent for Yates Center Elevator, Inc.
 109 N. Pratt
 Yates Center, KS 66783-1278

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:

Mr. Ed Jones
 Reg. Agent for Yates Center Elevator, Inc.
 109 N. Pratt
 Yates Center, KS 66783-1278

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Josh Boyd Addressee

B. Received by (Printed Name) C. Date of Delivery
Josh Boyd 5/5/05

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

PEST Rec'd MAY 6 2005

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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