

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:

PHILLIP M. HOLOMAN
7811 EAST 117TH PLACE
KANSAS CITY, MO 64134

2. Article Number
(Transfer from service label)

7004 2510 0006 9719 3246

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Phillip Holoman

B. Received by (Printed Name) C. Date of Delivery
Phillip Holoman *10-28-08*

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