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 2002

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

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total:</b>		
<b>Sent to:</b>	Robert J. Lambrechts, Esq.	
<b>Street, or PO Box</b>	Lathrop & Gage, LC	
<b>City, St.</b>	2345 Grand Blvd., Suite 2800	
	Kansas City, Missouri 64108-2684	

PS Form 3800, April 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.

Article Addressed to:  
*Barten Keller*  
 OAA-07-2005-0205

Robert J. Lambrechts, Esq.  
 Lathrop & Gage, LC  
 2345 Grand Blvd., Suite 2800  
 Kansas City, Missouri 64108-2684

2. Article Number  
 (Transfer from service)

7002 0860 0006 5963 4510

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 5/29/05

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