

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:

EPCRA-07 2006-0 221

Dale A. Guariglia and/or
 Brandon W. Neuschafer
 Bryan Cave LLP
 211 N. Broadway, Suite 3600
 St. Louis, Missouri 63102

2. Article Number

(Transfer from service label)

7004 2510 0006 9718 3339

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Harter

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-6-06

- 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2510 0006 9718 3339

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

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

OFFICIAL USE

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

Postmark
Here

Total Postage

Dale A. Guariglia and/or
 Brandon W. Neuschafer
 Bryan Cave LLP
 211 N. Broadway, Suite 3600
 St. Louis, Missouri 63102

Sent To

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

PS Form 3800, June 2002

See Reverse for Instructions