

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:

RORA 07-2010-0011

Tom Watkins
Watkins Law Office
3715 Beck Rd. Bldg D, Ste 401
St. Joseph, Missouri 64506

2. Article Number
(Transfer from service label)

7006 2760 0000 8647 7088

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Tom Watkins* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Tom Watkins *5-3-16*

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