| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY          |
|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> | A. Signature  X                            |
| TSCA -07 - 2007-0038  Jorge H. and/or Marilyn Barreto   | If YES, enter delivery address below:   No |
| 12844 Pembroke Circle<br>Leawood, Kansas 66209  | 3. Service Type Certified Mail             |
| •   | 4. Restricted Delivery? (Extra Fee)        |
| 2. Article Number (Transfer from s 7 0 0 4 2 5 1 0 0 0 0  | , 9719 9118                                |
| PS Form 3811, February 2004 Domestic Ret  | urn Receipt 102595-02-M-1540               |

\* ...

•