SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete D-Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. v (Printj Ad/Name) C. Date of Delivery в Attach this card to the back of the mailpiece, 515 or on the front if space permits. C Yes D. Is delivery address different from item 1? 1. Article Addressed to: 12 No If YES, enter delivery address below: OBECILA-07-2010-000 Courtney Springer, Project Manager 3. Service Type General Services Administration Certified Mail Express Mail 1500 East Bannister Road Registered Return Receipt for Merchandise Kansas City, Missouri 64131 Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number (Transfer from service label) dPS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540 .