

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:

Christopher Koonce
The Koonce Group, LLC
410 Main Street
Weston, Missouri 64098

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Christopher M. Koonce Addressee

B. Received by (Printed Name) C. Date of Delivery
CHRISTOPHER M. KOONCE *12/3/07*

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 O.D.

4. Restricted Delivery (Extra Fee) Yes

2. Article Number
(Transfer from service label) **7004 2510 0006 9720 3334**

