

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

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7006 2760 0000 0920 9000  
E209 8498 0000 8648 6073

**OFFICIAL USE**

|                                      |  |                  |
|--------------------------------------|--|------------------|
| Postage                              | \$   | Postmark<br>Here |
| Certified Fee                        |  |                  |
| Return Receipt Fee                   |  |                  |
| (Endo<br>Res<br>(Endo<br>Tot<br>Sent | Brad Goss, Attorney at Law<br>Law Offices of Brad Goss<br>1475 Fairgrounds Drive, Suite 102<br>St. Charles, Missouri 63301 |                  |
| Street, Apt. No.,<br>or PO Box No.   |  |                  |
| City, State, ZIP+4                   |  |                  |

PS Form 3800, August 2006

See Reverse for Instructions