

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article addressed to <i>Terry A. Neff</i> <i>TSCA-07-2007-0024</i> Terry A. Neff 117 West Spring Street P.O. Box 50 Neosho, Missouri 64850</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Terry Neff</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>8-10-07</i></p>
<p>2. Article Number <i>(Transfer from service)</i> 7004 2510 0006 9720 7257</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</p> <p style="text-align: center;">AUG 10 2007</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: right;">102595-02-M-1540</p>