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. Dur De Bolloge Agent B. Received by (Printed Name) Bever Bolloge C. Date of Delivery D. Is delivery address different from item 1? Yes
WA-07-209-018 Beverly Bolinger	
Trex Mart 17605 Highway 7	Service Type     Certified Mail    Express Mall     Registered    Return Receipt for Merchandise     Insured Mail    C.O.D.
Dearborn, Missouri 64439	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7[	106 2760 0000 8648 3119
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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