SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. 	e B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: CDA-GT-JOSS-GTT (ARO) GTT (ARO)	D. Is delivery address different from item 1? Yes (f YES enter delivery address below: No
Gail L. Fredrick Registered Agent for Gregg-Wise Proper 1518 East Branford Parkway Springfield, MO 65804	Titles 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7004 25	510 0006 9723 2976 <u>.</u>
PS Form 3811, August 2001 Don	nestic Return Receipt 102595-02-M-1035