

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:

RCRA-07-2007-0004

Tina A. Odo, General Counsel
 St. Louis Community College at Meramec
 Joseph P. Cosand Community College Center
 300 South Broadway
 St. Louis, Missouri 63102-2810

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 8340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent Addressee

B. Received by (Printed Name)

H WEIWALE

C. Date of Delivery

1-8-07

D. Is delivery address different from Item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes