	KA 9-28-07
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 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:  Cary Leiker	A. Signature    Agent   Addressee     Addressee   C. Date of Delivery     Agent   Addressee     Addr
P.O. Box 12330 Wichita, Kansas 67277-2330	3. Service Type   Certified Mall   Express Mall   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service. 7004 2510 0006 9720 3013	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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