

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 <i>David Swearer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David Swearer</i></p> <p>C. Date of Delivery <i>10/26/05</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Jeffrey L. Lucas Reg. Agent for Blue Valley Labs, Inc. 1100 Main St., Suite 2620 Kansas City, MO 64105</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>PEST Rec'd OCT 31 2005</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express 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>2. Article Number (Transfer from service label)</p>	<p>7004 2510 0006 9726 9347</p>
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 102595-02-M-1035</p>

7004 2510 0006 9726 9347

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total Post	
Sent To Street, Apt. 1 or PO Box N City, State, Z	Mr. Jeffrey L. Lucas Reg. Agent for Blue Valley Labs, Inc. 1100 Main St., Suite 2620 Kansas City, MO 64105
PS Form 3800, June 2002 See Reverse for Instructions	