

7005 1160 0004 4818 8904

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$	Postmark Here  Mark Stephens Registered Agent for T and N, Inc. 815 Hwy T P.O. Box 240 Foristell, MO 63348
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

PS Form 3800, June 2002

See Reverse for Instructions

**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:**

Mark Stephens  
 Registered Agent for  
 T and N, Inc.  
 815 Hwy T  
 P.O. Box 240  
 Foristell, MO 63348

**2. Article Number**  
(Transfer from service label)

7005 1160 0004 4818 8904

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Jerry Prochet*

B. Received by (Printed Name) C. Date of Delivery  
**JERRY PROCHET** **10-19-06**

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PEST REC'D NOV 01 2006

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

4. Restricted Delivery? (Extra Fee)  Yes