

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Thomas E. Boyce</i>	
1. Article Addressed to: <i>USA-57-2009-0029</i>  Thomas E. Boyce Registered Agent for T&S Venture Group, LLC 203 Buccaneer Blvd Branson, MO 65615	B. Received by ( <i>Printed Name</i> ) <i>Amber Saffel</i>	C. Date of Delivery
2. Article Number ( <i>Transfer from service label</i> )	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input 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.  4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7004 2510 0006 9725 3032 Domestic Return Receipt <span style="float: right;">102596-02-M-1540</span>	