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		1	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
	Complete items 1, 2, and 3. Also complete	A. Signature - 11, 1	
	item 4 if Restricted Delivery is desired.		
	Print your name and address on the reverse	X / (aurue Alul (ME Addressee)	
	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.	B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? Yes	
	1, Article Addressed to:	If YES, enter delivery address below:	
	Chuller		
	UAA-07-2009-0021		· •
	UNTI-01-0001 0-01		,
	Dob To 1 to		•
	Bob Lambrechts		:
	Lathrop & Gage	3. Service Type	
	2345 Grand Blvd. Suite 2200	Certified Mail Express Mail	
	Kansas City Miner i 644.00	□ Insured Mail □ C.O.D.	
	Kansas City, Missouri 64108		
		4. Restricted Delivery? (Extra Fee)	
	2. Article Number		
		16 5958 3771	
	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	
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