



**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:

Registered Agent  
Continental Analytical Services, Inc.  
525 North 8<sup>th</sup> Street  
Salina, KS 67401

LCRA-07-2006-0283

2. Article Number  
(Transfer from service label)

7002 0860 0006 5963 8693

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *P. Gurman*  Address

B. Received by (Printed Name) C. Date of Delivery  
*P. Gurman* **DCT 02 2006**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7002 0860 0006 5963 8693

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

Registered Agent  
Continental Analytical Services, Inc.  
525 North 8<sup>th</sup> Street  
Salina, KS 67401

(Endorsement required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

\$

Postmark  
Here

SEP 28 2006

Sent To

Street, Apt. No.;  
or PO Box No.

City, State, ZIP+ 4

PS Form 3800, April 2002

See Reverse for Instructions