SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CWA-07-2007-0003 Royce L. Yust, Member	
Johnson-Yust Investment Co., LLC 105 Triad Center West O'Fallon, Missouri 63366	3. Service Type Q Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Numt (Transfer fror 7004 2510 0006	9719 8418
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
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