COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete 🛛 Agent item 4 if Restricted Delivery is desired. んい Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, SUE MUSILE a or on the front if space permits. D. Is delivery address different from Item 1? TY Yes 1. Article Addressed to: If YES, enter delivery address below: No. TSUA-01-2008-0025 Greg Smart Professional Equities, Inc. 3. Service Type 18433 Edison Ave. Express Mail Registered Return Receipt for Merchandise Chesterfield, Missouri 63005 Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Numbe 7006 2760 0000 8651 6725 (Transfer from service race) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 3