 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. Attach ddressed to: CHA - 07 - 200 7 -0000 (WH - 07 - 200 7 -0000) (WH - 07 - 200 7 - 0000) (WH - 07 - 2000 7 - 0000) (WH - 07 - 2000) (WH - 07 - 200) (WH - 07 - 2000) (WH - 07 - 2000) (WH - 0	COMPLETE THIS SECTION ON DELIVERY A. Signature A Signature A Signature Agent Addresse Addrese Addresse Address
Kennett, Missouri 63857	 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (<i>Extra Fee</i>) Yes
2. Article Numí (Transfer froi 7004 2510 000	
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-154

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