

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:

Gis Robbins

Dale A. Guariglia
 Brandon W. Neuschafer
 Bryan Cave LLP
 211 N. Broadway, Suite 3600
 St. Louis, Missouri 63102



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-10-06

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

2. Article Number

(Transfer from servc

7004 2510 0006 9726 4144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2510 0006 9726 4144

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Postmark
 Here

R
 (Er) Dale A. Guariglia
 Brandon W. Neuschafer
 T Bryan Cave LLP
 Se 211 N. Broadway, Suite 3600
 St. Louis, Missouri 63102

St.
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions