

**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:

CWA-07-2009-0119

Cheryl Allen, Area Manager  
ATT Corporation  
909 North Chestnut  
St. Louis, Missouri 63101

2. Article Number  
(Transfer from se)

7002 0860 0006 5958 3740

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*Gayla Smith*

B. Received by (Printed Name) C. Date of Delivery

*Gayla Smith*

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