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| 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 Agent Addressee B. Receiver and Printe Pages C. Date of Delivery D. Is delivery address different from Item 1? Yes |
| 1. Article Addressed to: CWA -07-2008 - 00-43 M. Ray Alexander, Esq. Missouri Department of Transport | If YES, enter delivery address below: No |
| Missouri Department of Transportation 105 West Capitol Avenue P.O. Box 270 Jefferson City, Missouri 65102 | Certified Mail |
| 2. Article Mumber | 4. Restricted Delivery? (Extra Fee) |
| (Transfer from service label) 7004 2510 0006 9722 2588 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |
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