

006 9724 8656  
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# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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## OFFICIAL USE

|   |    |
|---|----|
| Postage                                 | \$ |
| Certified Fee                           |    |
| Return Receipt Fee<br>(Endorsement B-1) |    |

**Info**  
 **Total**  
 **Sort Yr**

James T. Price  
 Sara S. Hertz  
 Spencer Fane Britt & Browne LLP  
 1000 Walnut Street, Suite 1400  
 Kansas City, Missouri 64106

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

PS Form 3811, June 2002

### 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.

Article Addressed to:

*Kangas*  
 ROKA-07-2005-0102

James T. Price  
 Sara S. Hertz  
 Spencer Fane Britt & Browne LLP  
 1000 Walnut Street, Suite 1400  
 Kansas City, Missouri 64106

2. Article Number  
 (Transfer from service label)

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Mike Bolding*  Agent  Addressee

B. Received by (Printed Name) *Mike Bolding* C. Date of Delivery *11-26*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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