

7004 2510 0006 9726 4076

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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	William T. Session	
Sent To	Shawna M. Bligh	
	The Session Law Firm	
Street, A or PO Box	2600 Grand Boulevard, Suite 440	
City, State	Kansas City, Missouri 64018	

PS Form 3800, June 2002 See Reverse for Instructions

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:

William T. Session
 Shawna M. Bligh
 The Session Law Firm
 2600 Grand Boulevard, Suite 440
 Kansas City, Missouri 64018

2. Article Number
(transfer from service label)

7004 2510 0006 9726 4076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ronan Eisener Agent
 Addressee

B. Received by (*Printed Name*) *Ronan Eisener* C. Date of Delivery *1-27-06*

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