

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

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OFFICIAL USE

8838 9719 9719 0006 7004 2510 0006 9719 8838

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorser)		

Mr. Frank Cangelosi
 Broadway Village Apartments
 6110 North Elmwood Court
 Kansas City, Missouri 64119

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

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:

TSCA-07-2007-0037
 Mr. Frank Cangelosi
 Broadway Village Apartments
 6110 North Elmwood Court
 Kansas City, Missouri 64119

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Mary Cangelosi Addressee

B. Received by (Printed Name) C. Date of Delivery
 8/11/07

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) 7004 2510 0006 9719 8838