

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
Article Addressed to <i>Nusser Aul</i> <i>CWA-07-2010-0011</i> Mr. Shawn Stogsdill Van Osdol & Magruder, PC 2400 Commerce Tower 911 Main Street Kansas City, Missouri 64105	B. Received by (Printed Name) <i>Michelle Aul</i>	C. Date of Delivery <i>6/11/10</i>
2. Article (Transf)	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	2. Article (Transf) 7006 2760 0000 8648 6738	
102595-02-M-1540	PS Form 3811, February 2004	