

7006 2760 0000 8650 9468

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorser)		

Kim M. Roam
 Cochran Oswald & Roam, LLC
 Total P 601 NW Jefferson
 Blue Springs MO 64014

Sent To _____
 Street, or POE _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 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:

Kim M. Roam
 Cochran Oswald & Roam, LLC
 601 NW Jefferson
 Blue Springs MO 64014

TSCA-072008-0042

2. Article Number (Transfer from) **7006 2760 0000 8650 9468**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Carol Garcia

B. Received by (Printed Name) *Carol Garcia* C. Date of Delivery *10.7.08*

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