| SEN                       | NDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|---------------------------|--|---|
| ite Pr sc At or  1. Ar Dw | complete items 1, 2, and 3. Also complete them 4 if Restricted Delivery is desired. Print your name and address on the reverse to that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  And Addressed to:  And Also complete the total total total the reverse to | A. Signature    Agent   Addressee     Addressee     B. Received by (Printed Name)   C. Date of Delivery     9 '25 07     D. Is delivery address different from Item 1?   Yes     If YES, enter delivery address below:   No |
| 111<br>PC                 | 102 Bristol Terrace D Box 9783 msas City, Missouri 64134   | 3 Service Type  S-Certified Mall  |
| <del></del>               | rticle Numt Fransfer fror 7004 2510 0006   | 9720 2955   |
| PS F                      | Form 3811, February 2004 Domestic Retu   |   |

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