

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:

Kaw Valley
CWA-07-2007-0019

David R. Erickson
Counsel for Kaw Valley
Shook, Hardy & Bacon LLP
2555 Grand Boulevard
Kansas City, Missouri 64108-2613

2. Article Nur
(Transfer fr

7004 2510 0006 9720 7073

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gary Mortimer

- Agent
 Addressee

B. Received by (Printed Name)

Gary Mortimer

C. Date of Delivery

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