<b>-</b>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.  Columbia, Stadium Boulevard - B  Columbia, Missouri 65202-1271	A. Signature  X
	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes
2. Article Number 7004 2510 0006 9720 9473	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	

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