SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Addressed to: ETAL.</li> <li>Ronald E. Jenkins</li> </ul>	A. Signature X. J. Signature B. Received by ( <i>Printed Name</i> ) C. Date of Delivery C. Date of Delivery C. Date of Delivery Ves If YES, enter bery address plan. INO
Jenkins & Kling, Pc 150 N Meramec Avenue, Suite 400 St Louis, Missouri 63105	3. Service Type     4. Certified Mall     Certified Mall     Certified Mall     Cortified Mall     Cort
2. Article Number (Transfer from service 7006 2760 0000 8646 3227	
PS Form 3811, February 2004 Domestic Retu	m Receipt 102595-02-M-1540

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