

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 Address Code
RURA-07-2012-0020
CWA-07-2012-0029
Kristen Ellis Johnson
2345 Grand Boulevard, Suite 2200
Kansas City, Missouri 64108

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee
B. Received by (Printed Name) Date of Delivery
[Signature] *2-25-12*
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

7006 2760 0000 8648 5335

Domestic Return

102595-02-M-1540