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>1. Article Addressed to:</li> <li>TSCA-07-209-00(8)</li> </ul>	Signature  X  Addressee  B. baselved by Parker trame)  D. is delivery address different from item 1? Yes  If YES, enter delivery address below: No  9/21/9
Schauman Properties LLC 131 South Maple Avenue St. Louis, Missouri 63119	3. Service Type Certified Mall Registered Insured Mail C.O.D.
St. Louis, Missour 95.125	4. Restricted Delivery? (Extra Fee)
2. Article Numbe 7006 2760 0000 8	3648 6141
0011	eturn Receipt 102595-02-M-1540

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