

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                       |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> <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> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Sandy Garrison</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                       |
| 1. Article Addressed to:<br><br>Kenneth McClain<br>Jeremiah Nixon<br>1519 McNutt Road<br>Herculaneum, Missouri 63048<br><br><i>CWA-07-2006-0060</i>  | B. Received by (Printed Name)<br><i>Sandy Garrison</i>  | C. Date of Delivery<br><i>12-5-05</i> |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                       |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                       |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                       |
| 7002 0860 0006 5963 8082   |   |                                       |
| PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035   |   |                                       |

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| <ul style="list-style-type: none"> <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> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Don Sundermeyer</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |  |
| 1. Article Addressed to:<br><br>Daniel Schuette, Director<br>MDNR<br>P.O. Box 176<br>Jefferson City, MO 65102-0176<br><br><i>CWA-07-2006-0060</i>  | B. Received by (Printed Name)   | C. Date of Delivery<br><i>DEC - 5 2005</i> |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |  |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| 7002 0860 0006 5963 8099   |   |  |
| PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035   |   |  |