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 permiss To the card to you. Article Addressed to: David A. Shorr Lathrop & Gage LLP 314 East High Street Jefferson City, Missouri 65101 	A., Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Da
	3. Service Type Gertified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Num 7010 2780 0001 23	211 3519
PS Form 3811, February 2004 Domestic Ret	

.