

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 Addressed to: 9/20/12 B.M.
 PCB 2010-009
 William J. Denton
 Shook, Hardy & Bacon, L.L.P.
 2555 Grand Blvd.
 Kasas City, MO 64108

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee
B. Received by *ELI GIB*
ELI GIB

C. Date of Delivery

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

 SEP 25 2012
 MISSOURI OFFICE CARD SERVICE DIVISION

E. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 2038