

**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: 4/17/14 B.M.  
PCB 2010-023  
Robert R. Kuehn  
Washington University School  
of Law  
One Brookings Drive  
Campus Box 1120  
St. Louis, MO 63130-4899

2. Article Number  
(Transfer from service label)

7011 0110 0001 8270 6937

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Robert R. Kuehn*

- Agent
- Addressee

B. Received by (Printed Name)

*Robert R. Kuehn*

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540