Public Service

| First-Class Mail Postage & Fees Paid USPS Permit No. G-10

| Sender: Please print your name, address, and ZIP+4 in this box | Company | Company

■ Complete items 1, 2, and 3. Also complete	A. Signature
 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. 	X All Larre Addressee
	Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
STI Merger Co.	
C/O National Registered Agents	3. Service Type
300-B East High Street	Certified Mail Express Mail
Jefferson City, MO 65101	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7099 3220	0009 3699 7760
PS Form 3811, August 2001 Domestic I	Return Receipt 102595-02-M-1540
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