

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 permits. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CT Corporation System Legal Department 120 South Central Avenue	
Clayton, MO 63105	3. Service Type X 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) 7001 1940	0002 6942 6218
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-154