

**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:

Lisa C. Henderson  
 Attorney at Law  
 P.O. Box 1141  
 Buffalo, MO 65622

2. Article Number

*(Transfer from service label)*

7001 0360 0002 3168 7213

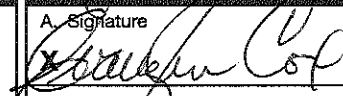
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent Addressee

B. Received by (Printed Name)

Evelyn Cox

C. Date of Delivery

6-19-07

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

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Domestic Return Receipt

102595-02-M-1540

A. Signature 		<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name) Lisa C. Henderson		<input type="checkbox"/> Addressee
C. Date of Delivery 6-19-07		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

Certified Mail       Express Mail

Registered             Return Receipt for Merchandise

Insured Mail            C.O.D.

4. Restricted Delivery? (Extra Fee)       Yes