

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 Agent Addressee B. Received by (Primed Name) C. Date of Delivery 5 2005
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Secretary of State of Missouri Registered Agent for Globcom, Incorporated 600 West Main Street Jefferson City, Missouri 65101	3. Service Type D Certified Mail
2. Article Number 7003 31.10	
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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