

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL™



7008 2810 0001 2932 9000

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U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

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Street, Apt. N
or PO Box N
City, State, Z

Western District Court of Appeals
1300 Oak Street
Kansas City, MO 64106-2970

PS Form 3800, August 2006

See Reverse for instructions