

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: Aquila Networks MPS Legal Department	D. Is delivery address different from item 1? ' Yés If YES, enter delivery address below: No
20 W. Ninth St. Kansas City, MO 64105	3. Service Type Scriffed Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7005 0390 00	103 2881 2518
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540