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SC-04-341 2/10/04 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3, Also complete Agent item 4 if Restricted Deliverv is desired. ж Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery R. Received by (Printed Name) Attach this card to the back of the mailpiece, 226 ARChe _ 4 or on the front if space permits. D. Is delivery address different from item 1? Yes 1. Article Addressed to: D No If YES, enter delivery address below: S.T. Ventures, LLC Legal Department 9240 W. 167th Street 3. Service Type Stilwell, KS 66085 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7001 1940 0002 6942 5921 (Transfer from service label) PS Form 3811. August 2001 Domestic Return Receipt 102595-02-M-1540