

| | SC-2010-0152 11/83/09 |
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| 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 mailplece, or on the front if space permits. | A Signature X July July Gagent B Received by (Phinted Name) C. Date of Delivery C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Lawyers Incorporating Service Company Registered Agent c/o CSC Lawyers, Inc. Service Co. | |
| 221 Bolivar St., Ste. 101 Jefferson City, MO 65101 | 7 Certified Mail I Registered I Return Receipt for Merchandise Insured Mail I C.O.D. 7 Certified Mail I Return Receipt for Merchandise I C.O.D. 9 Countries of the control of the |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Nun 7007 0710 0002 201 | 47 8926 |
| PS Form 3811, February 2004 Domestic Retr | um Receipt 102595-02-M-1540 |

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