



1-13-04 TD-04-283	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery Ta.N. C. C. Signature X. C. M. C. A. C. March M. C. Agent D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
Simply Local Services, Inc. Legal Counsel 2225 Apollo Drive	
Fenton, MO 63026	3. Service Type     5. Certified Mail      Express Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7099 3220 0009 3099 1180	
PS Form 3811, July 1999 Domestic	c Return Receipt 102595-99-M-1789
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