

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. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	2-6-04
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CT Corporation Ş∷⊲tem 120 South Central Ave	
St. Louis, MO 63105	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7002 0460 00	03 0704 7215
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

TC-2004-0321