

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 Agent Addresse Addresse B. Repeived by (Printed Name) C. Date of Deliver C. Date o
Article Addressed to:	
Sonnenschein, Nath & Rosenthal Mark P. Johnson 4520 Main Street, Ste. 1100 Kansas City, MO 64111	3. Service Type
	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005 0390	0003 2881 2495 '
PS Form 3811, February 2004 Domes	tic Return Receipt 102595-02-M-154