

2-4-04	TC-2004-0320
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 mailpiece, or on the front if space permits. 1. Article Addressed to: CT Copporation System 120 South Central StV. St. Louis, Mo V3105	A. Signature X
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
and the same of th	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7002 04L0 (Transfer from service label)	0003 0704 7154
PS Form 3811, August 2001 Domestic F	Return Receipt 102595-02-M-1540