

| 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. Signature  A. Agent  Addressee   |
|  | B. Received by (Printed Name) C. Date of Delivery (2-7-04)                                    |
| Article Addressed to:  | D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No |
| LDCC, Inc. Legal Department  |   |
| 734 Notting Hill Gate Nixa, MO 65714   | 3. Service Type  Certified Mail   |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number 7002 04L (Transfer from service label)   | .D D003 0704 7093   |
| PS Form 3811, August 2001 Domestic R   | eturn Receipt 102595-02-M-1540  |

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