

2/23/07 TC-416	
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. 	A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery FEB 2 5 2004 D. Is delivery address different from item 1? Yes
1. Article Addressed to: Legal Department CSC Lawyers Inc. Service Co. 221 Bolivar Street	If YES, enter delivery address below: No
P.O. Box 1069 Jefferson City, MO 65101	3. Service Type Ø Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 1940 0	1002 6942 6003
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540