

	UC-2010-0153 11/23/09
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: 	A. Rignature Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Lawyers Incorporating Service Co. Registered Agent c/o CSC Lawyers Inc. Service Co. 221 Bolivar Street, Suite 101 Jefferson City, MO 65101	3. Service Type Certified Mail Registered Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 07	70 0005 5042 9 427

PS Form 3811, February 2004

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