

WC-07-88 8130/06-COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete Agent Agent item 4 if Restricted Delivery is desired. XQ E. Mulle Print your name and address on the reverse. C Addressee so that we can return the card to you, B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. BERDICE E. MUELLER 9-1-06 or on the front if space permits. D. Is delivery address different from item 1? D Yes Article Addressed to: If YES, enter delivery address below: O No Donald A Baerveldt, Jr., Esq. 566 First Capitol Drive 3. Service Type Certified Mail Express Mail St. Charles, MO 63301 C Registered C Return Receipt for Merchandise CI Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 7005 0390 0003 5996 5905 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540