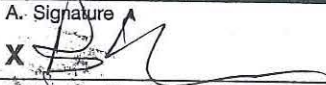


EC-2020-0202 1/17/2020

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■ Complete items 1, 2, and 3. ■ 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: Every Missouri West Legal Department P.O. Box 418679 One Kansas City Place 1200 Main Street Kansas City, MO 64105  9590 9403 0422 5163 8703 28 2. Article Number (Transfer from back of mailpiece) 7017 3040 0000 1345 3846		A. Signature X  ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 1-21-20 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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Domestic Return Receipt

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