

6	GC-11-0100 1	-4-12
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> </ul>	A. Signature X B. Received by ( <i>Printed Name</i> )	Agent Addressee C. Date of Delivery
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	D. Is delivery address different from iten If YES, enter delivery address below	_
Western District Court of Appeals Court Clerk		
1300 Oak Street Kansas City, MO 64106-2970	3. Service Type Certified Mail Express Mail Registered Return Rece I insured Mail C.O.D.	il Jipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number (Transfer from service label) 7008 2810	0001 2932 9420	
PS Form 3811, February 2004 Domestic Retu	urn Receipt	102585-02-M-1540