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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SE	CTION ON DE	LIVERY
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.	A. Signature X. L. B. Received by (Prime	ted Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.		ecla_	1-7-13
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Western District Court of Appeals 1300 Oak Street	L		·
Kansas City, MO 64106-2970	3. Service Type D' Certified Mail Registered Insured Mail	Express M Express M Return Ret C.O.D.	ail celpt for Merchandise
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