

ORIGINAL

2481

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery

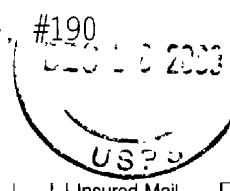
G. PROSSER

C. Signature

X 001284 *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
Address below

Gemini Communications Management, Inc.
Michael J. Gudeman
12140 Woodcrest Executive Drive, #190
St. Louis MO 63141-5012



Express Mail
Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 4498

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP _____
 CAF _____
 CIP _____
 COM _____
 CTY _____
 EOR _____
 LEG _____
 CPO _____
 PAI _____
 RGO _____
 SEC I _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

00093 JAN-30

EPSC-RECORDS/REPORTING