

05-2299-CM

CLERK

UNITED STATES DISTRICT COURT
KANSAS CITY, KANSAS 66101

OFFICIAL BUSINESS

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APR 18 2008

CLERK, U.S. DISTRICT COURT
KANSAS CITY, KANSAS

Samuel K. Lipari
Medical Supply Ghana
297 Dayview
Lee Summit, Mo 64064

NIXIE

LA 4-1-08

BC: 66101

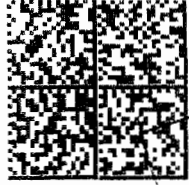
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RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

*2460-00136-31-42

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03/31/2008
Mailed From 66101
US POSTAGE



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Clerk, U.S. District Court
By: mkmet Deputy Clerk

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

4a Article Number

7002 2030 0001 2207 8361



Samuel K. Lipari
 Medical Supply Chain, Inc.
 297 Dayview
 Lee Summit, Mo 64064

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt