

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Michael Gartner
DES MOINES, IA 50312

Postage	\$ 3.50	UNIT ID: 01 Postn Her Clerk: KCBS 03/16/01
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.90	

Name (Please Print Clearly) (to be completed by mailer)
Onsudsman Bill's Card
Street, Apt. No. or PO Box No.
5315 Waterbury Road
City, State, ZIP+4
Des Moines Iowa 50312

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.

1. Article Addressed to:
*Michael Gartner
Onsudsman
Bill's Card
5315 Waterbury Road
Des Moines, Iowa
50312*

2. Article Number (Copy from service label)
7099 3400 0001 2734 1857

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
3/19/01

C. Signature
Jim Calogianis Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Bill's Card
NEW YORK, NY 10020

Postage	\$ 3.95	UNIT ID: 0 Postn Her Clerk: KCB 03/16/01
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.35	

Name (Please Print Clearly) (to be completed by mailer)
Eric Edman Steiner
Street, Apt. No. or PO Box No.
1230 Avenue of the Americas
City, State, ZIP+4
NY NY 10020

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.

1. Article Addressed to:
*Bill's Card
Eric Edman Steiner
Steven Brill, Chairman + CEO
1230 Avenue of the Americas
NY NY 10020*

2. Article
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PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
3/20

C. Signature
X P. Petersen Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form

15-00-M-0952