

SENDER: COMPLETE THIS SECTION	FC-07-009 2 8-31-06 complete this section on delivery
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: CenturyTel of Missouri, LLC	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Legal Department 220 Madison St. Jefferson City, MO 65101	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7005 0390 0003 2886 2940 (Transfer from serv-

70 5cm 3811. February 2004

Domestic Return Receipt

102595-02-M-1540