= Complete items of Complete Alac assumption	A. Bassium by /Disease Print Classici. B. Date of 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. 	A. Received by (Please Print Clearly) B. Date of Delivery
	C. Bignatura
	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	Addressee
	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below: \(\square\$ No
Coachman Homes of Eureka, Inc.	<i>7</i> ° [[
Legal Department	
1600 South Outer Road	
Eureka, MO 63025	<u> </u>
	3. Service Type ☐ Certified Mail ☐ Express Mail
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes

United States Postal Service

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MO PUBLIC SERVICE COMMISSION P.O BOX 360

P.O BOX 360

JEFFERSON CITY, MO 65102

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