

MC-0920 - 3-6-09

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p>Brookside Homes, Inc. Robert Bilbrey 301 Main St. P.O. Box 800 Hillsboro, MO 63050</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Name]</i></p> <p>C. Date of Delivery <i>[Date]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7007 0710 0002 2048 0462</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

FILED³

MAR 10 2009

Missouri Public
Service Commission

UNITED STATES POSTAL SERVICE

SAINT LOUIS MO 631

09 MAR 09 PM 07

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

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

MO Public Service Commission
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360

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