

TC-2004-0379 2-19-04

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.

Article Addressed to:

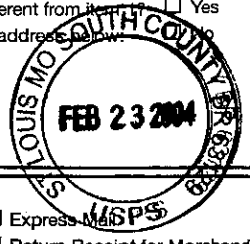
LTS, Inc.
 c/o C.A. Newkirk & Associates, Inc.
 Owner
 2609 Yeager Rd.
 St. Louis, MO 63129

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Charles A. Newkirk* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Charles A. Newkirk

D. Is delivery address different from item 1? Yes
 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

2. Article Number

(Transfer from service label)

7001 1940 0002 6942 5792

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
JEFFERSON CITY, MO 65102

FILED

FEB 24 2004

Missouri Public
Service Commission

03

