

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.

1. Article Addressed to:

LTS, Inc.
 1002 East 12th Street
 Joplin, Mo 64801

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
x Teresa Spruce

B. Received by (Printed Name) C. Date of Delivery
Teresa Spruce *3/11/04*

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

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

PE

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
EUSPS
Permit No. G-16

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

MO PUBLIC SERVICE COMMISSION
P.O. BOX 360
JEFFERSON CITY, MO 65102

FILED⁴

MAR 04 2004

Missouri Public
Service Commission

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