

TC-04-0383 2/17/04

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:

TON Services, Inc.
Official Representative
4185 Harrison Blvd., Ste 301
Ogden, UT 84403

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Meryl Sims*

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

MERYL SIMS

C. Date of Delivery

2-10-04

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

(Transfer from service label)

7001 1940 0002 6942 5501

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 CO
P.O. BOX 366
JEFFERSON CITY, MO 64101

FILED⁴

FEB 24 2004

Missouri Public
Service Commission

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