

TC-04-0397

**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:

News-Press & Gazette Co  
D/B/A St. Joseph Cablevision  
825 Edmond Street  
St. Joseph, MO 64501

2. Article Number

(Transfer from service label)

7001 1940 0002 6942 5594

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Paula Deet*

☐ Agent

☐ Addressee

B. Received by ( Printed Name )

C. Date of Delivery

2-20-04

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

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 200  
JEFFERSON CITY, MO 64603

FILED

FEB 24 2004

Missouri Public  
Service Commission