<u> </u>	110/04 TC-04-345
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature   Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  Concord Surrey (Surrey item 12)  D. Is delivery address different from item 12. These
1. Article Addressed to:	□ D. Is delivery address different from item 1? □ Yes / If YES, enter delivery address below: □ No
All-Star Acquisition Corporation Legal Department 1151 Seven Locks Road	3. Service Type
Potomac, MD 20854	□ Registered □ Return Receipt for Merchandise     □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7099 2	3220 0009 3699 7531
PS Form 3811, August 2001 Domestic F	Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

03



PUBLIC SERVICE COMMISSIONER 1 8 2004

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

P.O BOX 360 Missouri Public JEFFERSON CITY, MO 65 Pozvice Commissio