

TC 04-0382 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:**

Southwest Communications, Inc.  
 Official Representative  
 4100 North Mulberry dr., Ste 100  
 Kansas City, MO 64116

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**


- ☐
- 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)**

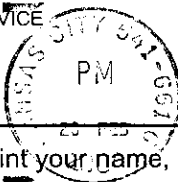
- ☐
- Yes

**2. Article Number**

(Transfer from service label)

7001 1940 0002 6942 5488

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 •

MISSOURI PUBLIC SERVICE COMMISSION  
P.O. BOX 80  
JEFFERSON CITY, MO 64501

**FILED**

FEB 24 2004

Missouri Public  
Service Commission

05/03/04