

**COMPLETE THIS SECTION ON DELIVERY**

**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.

Article Addressed to:

**Members' Long Distance Advantage**  
C/O CSC Lawyers Inc. Service Co.  
221 Bolivar Street  
P.O. Box 1069  
Jefferson City, MO 65101

Article Number  
(Transfer from service label)

7002 1940 0002 6942 5686

PS Form 3811, August 2001

## Domestic Return Receipt

**102595-02-M-1540**

A. Signature **X**  ☐ Agent ☐ Addressee

|                                |                     |
|--------------------------------|---------------------|
| B. Received by ( Printed Name) | C. Date of Delivery |
|                                | FEB 19 2004         |

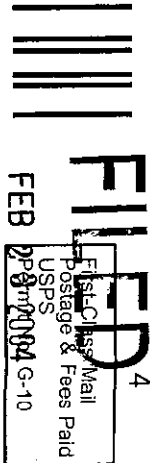
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

|                                                    |                                                         |
|----------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4 in this box.  
Missouri Public  
Service Commission

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