

218-04 TC-2004-0397

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:

Members' Long Distance Advantage
C/O Trans National Comm., Inc.
2 Charlesgate West
Boston, MA 02215

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Samson Taye

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/23

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 5723

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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 360

JEFFERSON CITY, MO 65102

FILED⁴

MAR 10 2004

**Missouri Public
Service Commission**

5102/0360

