TC-04-0339 2/18/04

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:

Clear Call Telecom, LLC
C/O National Registered Agents
300-B East High St.
Jefferson City, MO 65101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John D. Pearce ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 2/20

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 5747

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 •

FILED[4]
FEB 2 2004
Missouri Public Service Commission

PUBLIC SERVICE COMMISSION
PO BOX 360
JEFFERSON CITY, MO 65102