

TC-2004-0377 2-19-04

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:

CSC Lawyers Inc. Service Co.
Legal Department
P.O. Box 1069
Jefferson City, MO 65101

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) **C. Date of Delivery**
FEB 20 2004
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

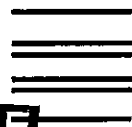
Article Number 7001 1940 0002 6942 5761
(Transfer from service label)

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 •

FEB 23 2004

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

95102+0360

