

6/20/06	TC-20010-0486
SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY A. Signature
<ul> <li>Complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	× flan Mi Davell □ Agent □ Addressee B. Received by (Printed Name) C. Date of Delivery Jean Mc Dowell 6 22700
1. Article Addressed to:	D. Is delivery address different from item 1? * Li Yes If YES, enter delivery address below: Di No
Lathrop Telephone Company Legal Department 601 Oak St.	
P.O. Box 578 Lathrop, MO 64465	3. Service Type         Ø Certified Mail       Express Mail         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service 7005 0390 0003 2881 4482	
DS Earm 3811 Eabruany 2004 Domestic Return Receipt 102595-02-M-1540	