

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 •

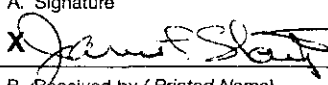
MO Public Service Commission
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360

FILED

JUN 26 2006

Missouri Public
Service Commission

TC-20010-0486 6/20/06

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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. <div>1. Article Addressed to:</div> <div>Grand River Mutual Telephone Corporation Legal Department 1001 Kentucky St. Princeton, MO 64673</div>	<div>A. Signature</div> <div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>		
	<div>B. Received by (Printed Name)</div>		<div>C. Date of Delivery</div> <div>6-22-06</div>
	<div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</div> <div>If YES, enter delivery address below: <input type="checkbox"/> No</div>		
	<div>3. Service Type</div> <div><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</div> <div><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</div> <div><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</div>		
<div>2. Article Number</div> <div>(Transfer from se 7005 0390 0003 2881 4420</div>		<div>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div>	