

UNITED STATES POSTAL SERVICE

CHARGE ME 630



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

05 APR 2012 PM 4 T

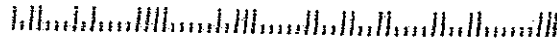
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Missouri Public
Service Commission

APR 09 2012

FILED



TC-2012-0331 4/3/12

| 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. | <p>A. Signature <input type="checkbox"/> Agent <i>Ray Wells</i> <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> | <p>B. Received by (Printed Name) C. Date of Delivery 4-5-12</p> |
| <p>Ellington Telephone Company Legal Department 200 College Avenue P.O. Box 400 Ellington, MO 63638</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number (transfer from serv</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>7008 2810 0001 2932 8300</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |