

# FILED<sup>2</sup>

NOV 27 2018

Missouri Public  
Service Commission

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

Birch Telecom of Missouri, LLC.  
251 Little Falls Dr.  
Wilmington, DE 19808



2. Article Number (Transfer from service label)

7017 3040 0000 1345 2917

PS Form 3811, July 2015 PSN 7530-02-000-9053

TC-2019-0136 11-14-18

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**USPS TRACKING#**



9590 9402 3592 7305 8664 11

United States  
Postal Service

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

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

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

