

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

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

FILED

FEB 17 2004

Missouri Public
Service Commission

TC-04-0337 2/5/04

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x Angela Coon</i></p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <i>Angela Coon</i></p> <p>C. Date of Delivery <i>10 2004</i></p>
<p>Tri-State Telecommunications, Inc. D/B/A The Phone Company C/O Sondra Morgan 312 East Capitol Ave P.O. Box 456 Jefferson City, MO 65102</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 service label)</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>7099 3220 0009 3699 7371</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>