JUL 1 0 2008

TC-2009-0008 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete ■ Agent Missouri Public item 4 if Restricted Delivery is desired.
Service CommissionPrint your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, ☐ Yes D. Is delivery address different from item 1? □ No If YES, enter delivery address below: GlobalTouch Telecom, Inc. 3. Service Type ☐ Express Mail Certified Mail □ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D.

National Registered Agent 160 Greentree Dr. Suite 101 Dover, DE 19904

2. Article Number (Transfer from service label)

1. Article Addressed to:

7007 0710 0002 2048 1070

4. Restricted Delivery? (Extra Fee)

PS Form 3811, February 2004

or on the front if space permits.

Domestic Return Receipt

102595-02-M-1540 ;

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

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