

1-13-04

TD-04-283

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

IPvoice Communications, Inc.
 Legal Counsel
 14860 Montfort Drive, Suite 210
 Dallas, TX 75254

2. Article Number
(Transfer from service label)

7099 3220 0009 3099 7324

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Russ M. ed. ne

B. Received by (Printed Name) C. Date of Delivery
 1-13-04

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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 •

[Faint, illegible text, likely a return address]

FILED

JAN 21 2004

Missouri Public
Service Commission