

UNITED STATES POSTAL SERVICE

11 JAN 08 PM 07

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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FILED
January 14, 2008
Data Center
Missouri Public
Service Commission

1/9/08

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.

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|---|
| A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| B. Received by (Printed Name) <i>RALPH H. COCKLEMAN</i> | C. Date of Delivery <i>1-11-2008</i> |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No | |

Spectra communications Group, LLC, d/b/a CenturyTel
Legal Department
1151 CenturyTel Drive
Wentzville, MO 63885

| | |
|--|---|
| <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. |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

2. Article Number
(Transfer from service label)

7004 1350 0003 1351 9897

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540