

FILED

MAY 18 2009

Missouri Public Service Commission

TC-09-407 5/13/09

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:

FamilyTel of Missouri, LLC
 Mark Comley
 601 Monroe Street, Suite 301
 P.O. Box 537
 Jefferson City, MO 65102-0537

2. Article Number
(Transfer from service label)

7007 0710 0002 2048 0646

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Hebbie Baum

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

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

