

SENDER: COMPLETE THIS SE	CTION	COMPLETE THIS SE	ECTION ON DEL	IVERY
Complete items 1, 2, and 3. Alse item 4 if Restricted Delivery is a Print your name and address of so that we can return the card. Attach this card to the back of or on the front if space permits. Article Addressed to: Central Missouri Tele, Jay Teutenberg P.O. Box 596 Osage Beach, MO 650	desired. on the reverse to you. the mailpiece, i. Inc. B	A. Signature X B. Received by (Prin D. Is delivery address If YES, enter deliv 3. Service Type	different from ite	w: 🗖 No
		Registered Insured Mail	•	eipt for Merchandise
		4. Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7002 0460 (ו 4סלם 2003	6867	
PS Form 3811, August 2001	Domestic Ret	ırn Receipt		102595-02-M-1540