

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  
P.O BOX 360  
JEFFERSON CITY, MO 65102

**FILED**

FEB 17 2004

Missouri Public  
Service Commission

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TC-04-0359 2-9-04

**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:

Special Accounts Billing Group,  
900 Comerica Building  
Kalamazoo, MI 49007

2. Article Number  
(Transfer from service label) **7099 3220 0009 3699 7418**

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Jack R. Peterman*

B. Received by (Printed Name) **Jack R. Peterman** C. Date of Delivery **2-11-04**

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

Domestic Return Receipt 102595-02-M-1540