

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery 4'/2'OS D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
CenturyTel of Missouri, LLC and Spectra Communications Group, LLC d/b/a CentruyTel 220 Monroe Street, First Floor Jefferson City, MO 65101	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7003	3110 0004 0200 6856