· · · · · ·	TC-2005-035-
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Brydon, Swearengen &amp; England Registered Agent for Local Exchange Company, LLC</li> </ul>	A. Signature X Agent A Agent Addressee B. Received by ( <i>Printed Name</i> ) C. Date of Delivery Cand.cc C. Date of Delivery C. Date of Delivery C. Date of Delivery Ves If YES, enter delivery address below: No No
312 E. Capitol Ave. Jefferson City, MO 65102	Service Type     S
2. Article Number 7003 31,10	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	
PS Form 3811, August 2001 Domestic Retu	Irn Receipt 102595-02-M-1540

· \_

