

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:

CenturyTel of Missouri, LLC  
Legal Department  
200 Madison Street  
Jefferson City, MO 65101

COMPLETE THIS SECTION ON DELIVERY

TE-8006-00168

A. Signature

X *May G. Simon*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

MARY SIMONS

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☒ Yes  
☐ No

220 MADISON ST  
JEFFERSON CITY MO 65101

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from service label)

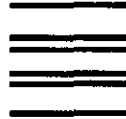
7003 3110 0004 0200 7280

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

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  
P.O. BOX 360  
JEFFERSON CITY, MO 65102

FILED

AUG 10 2005

Missouri Public  
Service Commission