

FILED³

APR 21 2009

Missouri Public
Service Commission

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:

Camarato Distributing, Inc.
2400 McGinnis
Herrin, IL 62948

2. Article Number
(Transfer from)

7007 0710 0002 2048 0561

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

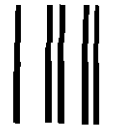
A. Signature ☒ Agent
Teresa Camarato ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
Teresa Camarato
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

P.O. Box 2050
Herrin IL 62948

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360

