

FILED

MAY 26 2009

Missouri Public Service Commission

TC-09-407 5/13/09

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:

FamilyTel of Missouri, LLC  
 Brad Warden  
 1200 Arkansas Rd  
 West Monroe, LA 71291

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Kristen Strickland*

B. Received by (Printed Name) C. Date of Delivery  
*Kristen Strickland 5/18/09*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

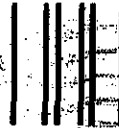
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7007 0710 0002 2048 0615

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-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  
 Data Center  
 P.O. Box 360  
 Jefferson City, MO 65102-0360

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