PUBLIC SERVICE COMMISSION

P.O BOX 360

JEFFERSON CITY, MO 65102

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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■ Complete items 1, 2, and 3. Also con item 4 if Restricted Delivery is desire		A. Signature		☐ Agenat
■ Print your name and address on the	reverse	X/A/A		☐ Addressee
 so that we can return the card to you Attach this card to the back of the mor on the front if space permits. 			nted Name)	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? ⟨□ ५€s If YES, enter delivery address below: □ No		
Enkido, Inc.				
Legal Department 411 Hackensack Ave., Floor	9 '			
Hackensack, NJ 07601-6357		3. Service Type		
		Certified Mail	☐ Express Mai	il eipt for Merchandise
		☐ Insured Mail	C.O.D.	sipt for Morenandisc
		4. Restricted Deliver	y? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7002	0460 0	003,0709,7	246	
S Form 3811, August 2001 Domestic Retu		urn Receipt 102595-02-M-154		