

10-2005-017

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:

Global Crossing Local Services, Inc.
Michael Shortley
1080 Pittsford Victor Road
Pittsford, NY 14534

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Paul Withrow</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>G Withrow</i>	C. Date of Delivery <i>11/29/04</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:		<input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from) **7001 1940 0002 6942 6584**

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 COMMISSION⁴
P.O BOX 360
JEFFERSON CITY, MO 65102

FILED

DEC 06 2004

Missouri Public
Service Commission

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