

TC-04-406

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:

Gary L. Rowe
2727 McClelland Blvd.
Joplin, MO 64804

2. Article Number

(Transfer from service label)

7001 1940 0002 6942 6287

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Jolene Williams*☒ Agent☐ Addressee

B. Received by (Printed Name)

Jolene

C. Date of Delivery

2/24/4

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

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
P.O. BOX 360
JEFFERSON CITY, MO 65102

Missouri Public
Service Commission

MAR 02 2004

FILED²

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