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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X Agent B. Received by (Printed Name) C. Date of Delivery Canal C. Luchberry D. Is delivery address different from item 12 Yes
1. Article Addressed to:	D. is delivery address different from item 1?  Yes If YES, enter delivery address below: No
William R. England III Registered Agent for Cass County Telephone Company Limited Partnership P.O. Box 456	APR 1 3 2005
312 E. Capitol Ave. Jefferson City, MO 65102	3. Service Type     54 Certified Mail      Express Mall     Getified Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 3111 (Transfer from service label)	0004 0200 6894
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