

TC-2006-0127

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:

SBC Missouri
 Leo Bub
 One SBC Center, Room 3518
 St. Louis, MO 63101

 2. Article Number
 (Transfer from se

7003 3110 0004 0200 7419

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jim Taylor

☐ Agent☐ Addressee

B. Received by (Printed Name)

T. TAYLOR

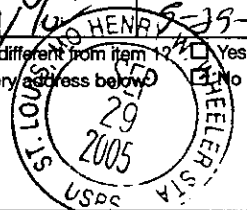
C. Date of Delivery

8-29-05

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
SAINT LOUIS MO 631

29 SEP 05 PM 05 L

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

FILED 3
OCT 03 2005
Missouri Public
Service Commission

6003

