

SENDER: COMPLETE THIS SECTION	TU $A(C) c C S \varphi$ 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> <li>Article Addressed to:</li> </ul>	A. Signature X Steiry Statter Agent B. Received by (Printed Name) Shamy Scharme (0/27) D. Is delivery address different from item 1? U Yes
Cass County Telephone <b>Com</b> pany Legal Department 192 W. Broadway	If YES, enter delivery address below: D No
P.O. Box 398 Peculiar, MO 64078	3. Service Type  2. Certified Mail  3. Registered  4. Registered  4. Restricted Deliver 2 (5th Feel  5. Co.D.  5. C
2. Article Number (Transfer from servic7005 0390 01	4. Restricted Delivery? (Extra Fee) Uyes
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-154n